

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Aug.	Day 8	Age	Years	Months
Sex male	Color or Race	Blk	Occupation	Birth- place	Days
Married, Single or Widowed					
Name of Wife or Husband	Mildred Anderson				
Father's Name	Mildred Anderson				
Mother's Maiden Name	Merry Taylor				
Name of person giving Information					
How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

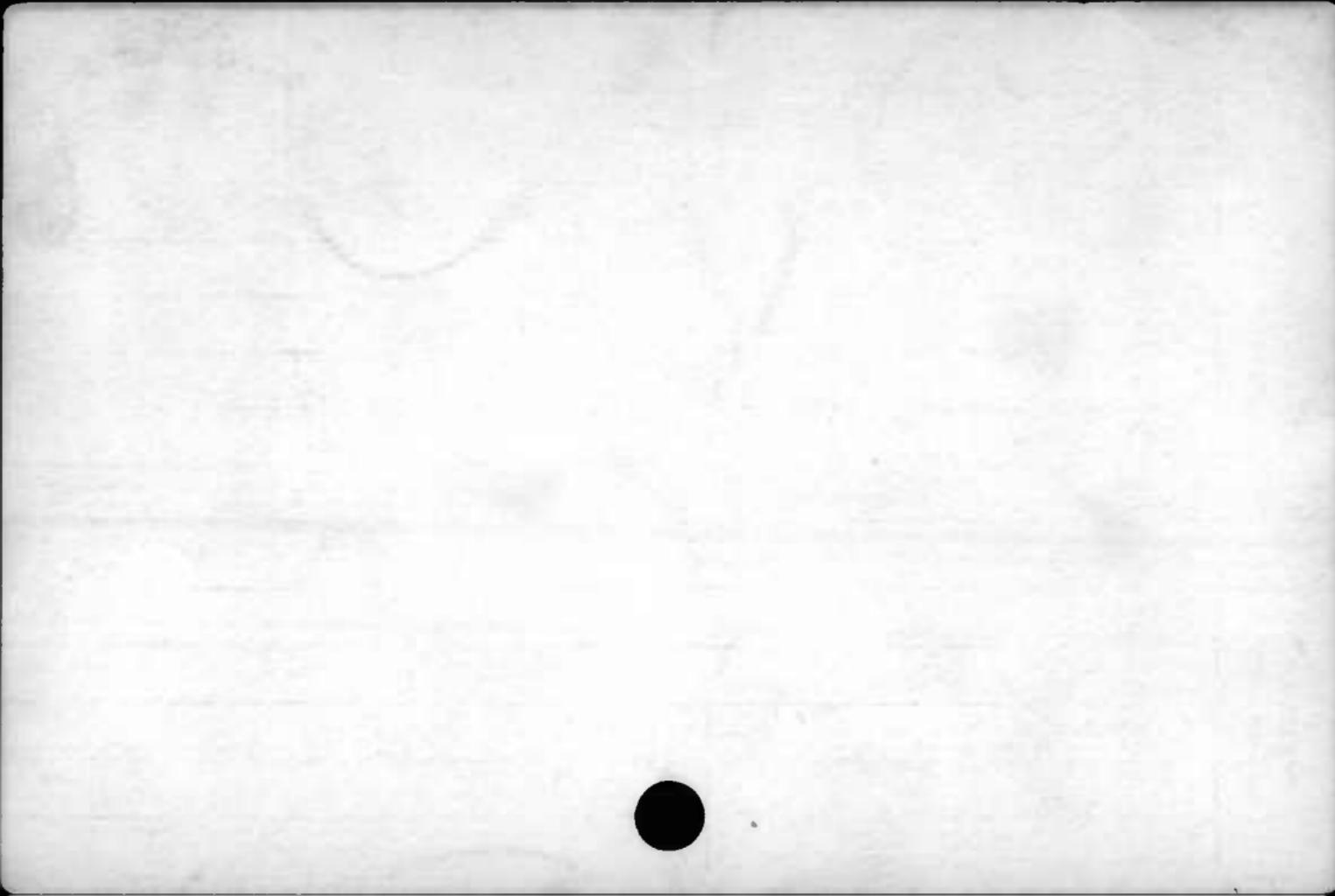
Primary *Stillborn* How long

Immediate *Stillborn* How long

Are the name, age, sex, color, date
and place correctly given above?

Yes
Signature of
Physician
Address

Accident or Suicide?



Name
in
Full

unnamed

CERTIFICATE OF DEATH

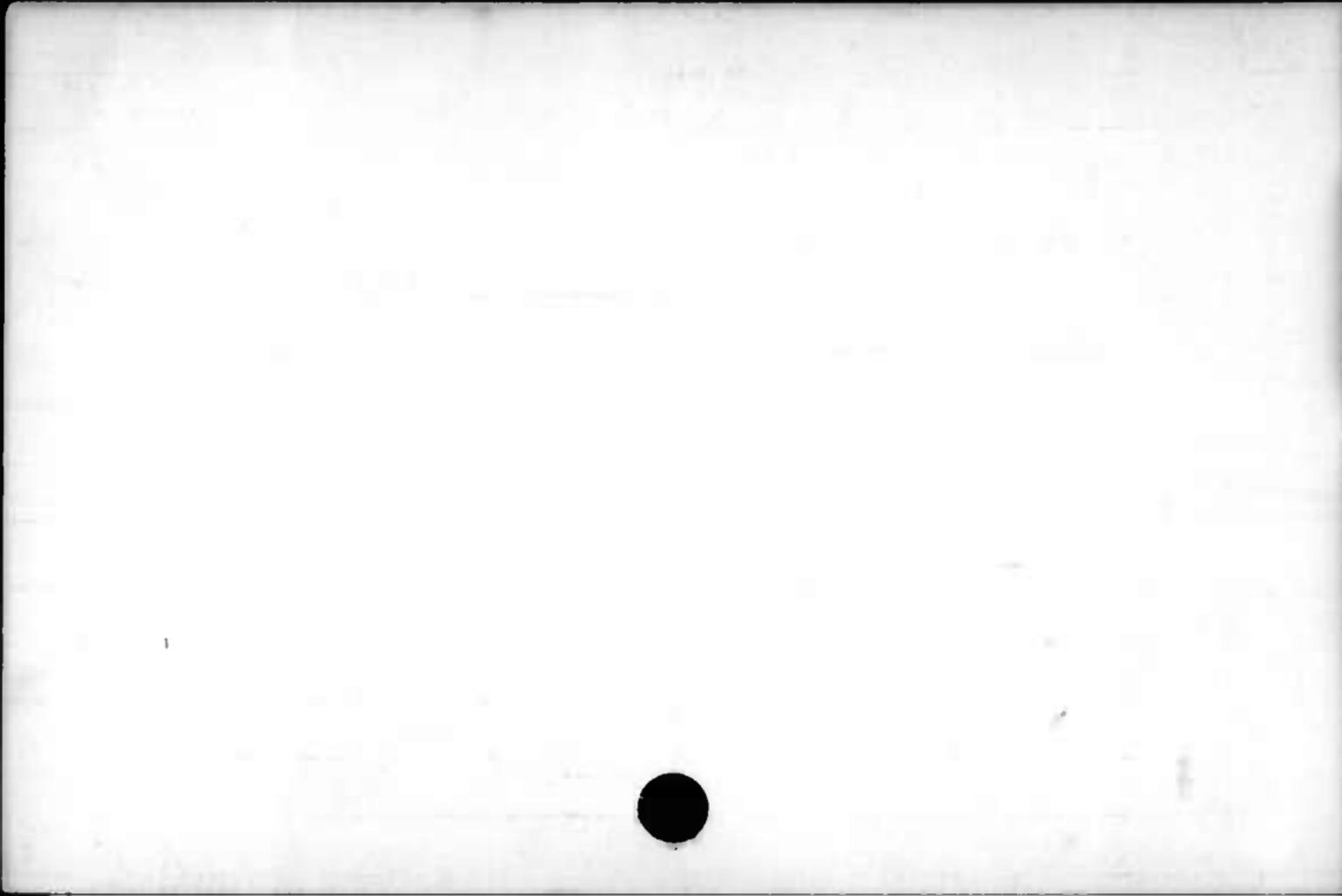
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cumberland	Allegany			
Date of death	Month	Day	Years	Months	Days
1903	Aug	3	—	—	1
Sex	Male	Color or Race	white	Birth-place	Cumberland
Occupation	Nothing		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	David Bonifich		Father's Birthplace	Va.	
Mother's Maiden Name	Maggie Howard		Mother's Birthplace	W. Va.	
Name of person giving information	Maggie Howard		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still	How long
Immediate	Still	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Address
Accident or Suicide? -	J. M. Spears Cumberland, Md.	



Name
in
Full

Hazel Boyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY

• NEAREST FRIEND

Town	County	MARYLAND	
Died at	Locacoming	Allegany	
Date of death 1903	Month Aug	Day 19	Years 22
Sex	Color or Race	Birth- place	
Married, Single or Widowed	Occupation	Locacoming	
Name of Wife or Husband	Single	Clark in R.R. offic.	
Father's Name	John Boyd	Father's Birthplace	Scotland
Mother's Maiden Name	Mary Sparass	Mother's Birthplace	Eckington
Name of person giving Information	John Boyd	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

4 weeks

Immediate

Rectal prolapse

How long

One a few hours

Are the name, age, sex, color, date
and place correctly given above?

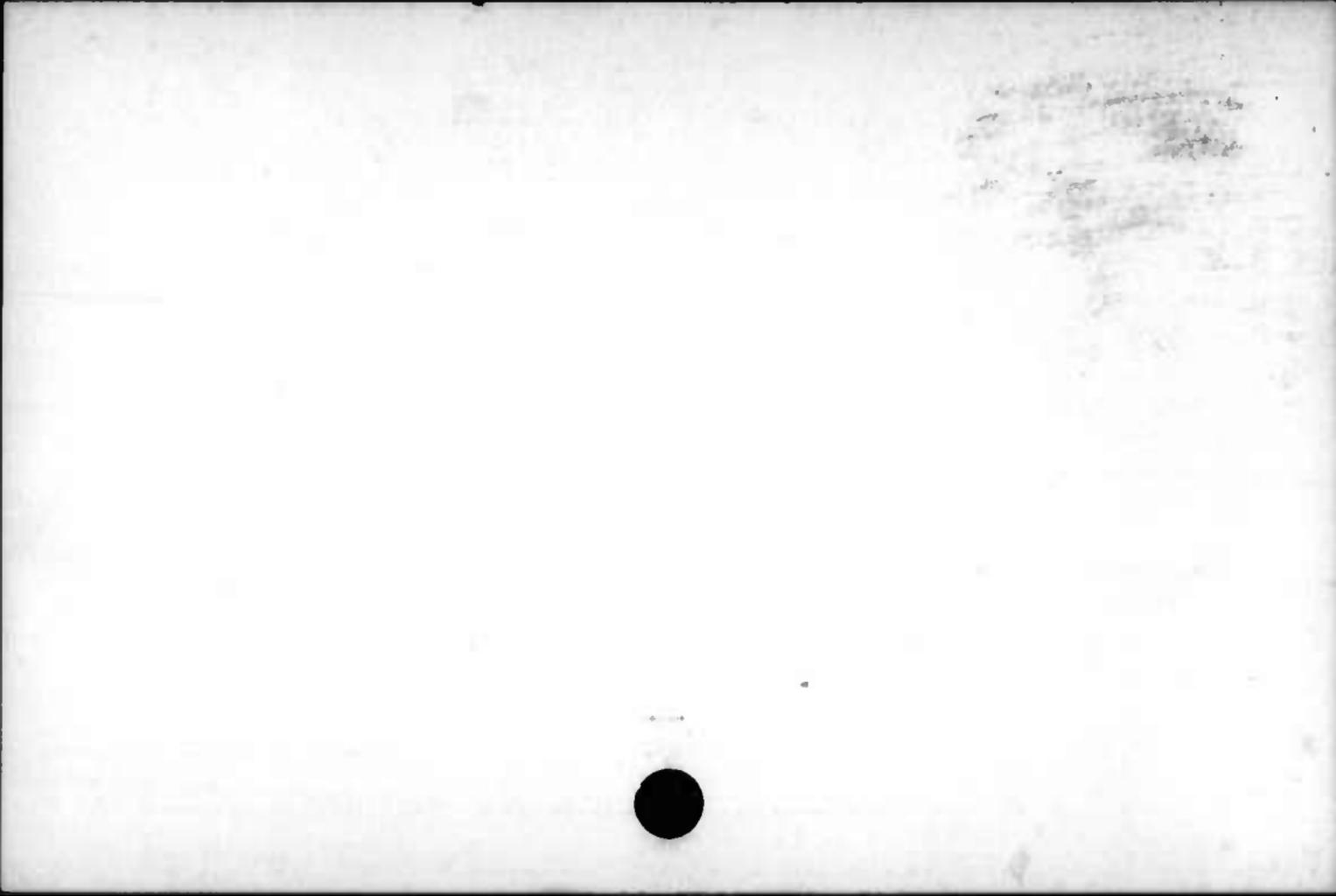
Signature of
Physician

Address

W. B. Skilling

Locacoming.

Accident or Suicide?



Name
in
Full

Charles J. Bramble

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Summ'd	August				
Date of death	1903	Month 8	Day 18	Years 57	Months -	Days -
Sex	male	Color or Race	white	Birthplace	Md	
Occupation	Cooper	Where Residing if not at place of death				
Married, <input checked="" type="checkbox"/> or Widowed	Name of Wife or Husband		Emma. Bramble			
Father's Name	John Bramble		Father's Birthplace Md			
Mother's Maiden Name	Sarah Thomas		Mother's Birthplace Md			
Name of person giving Information	Charles W. Bramble		How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer

How long

2 yrs

Immediate

Ex Throat

How long

21 days

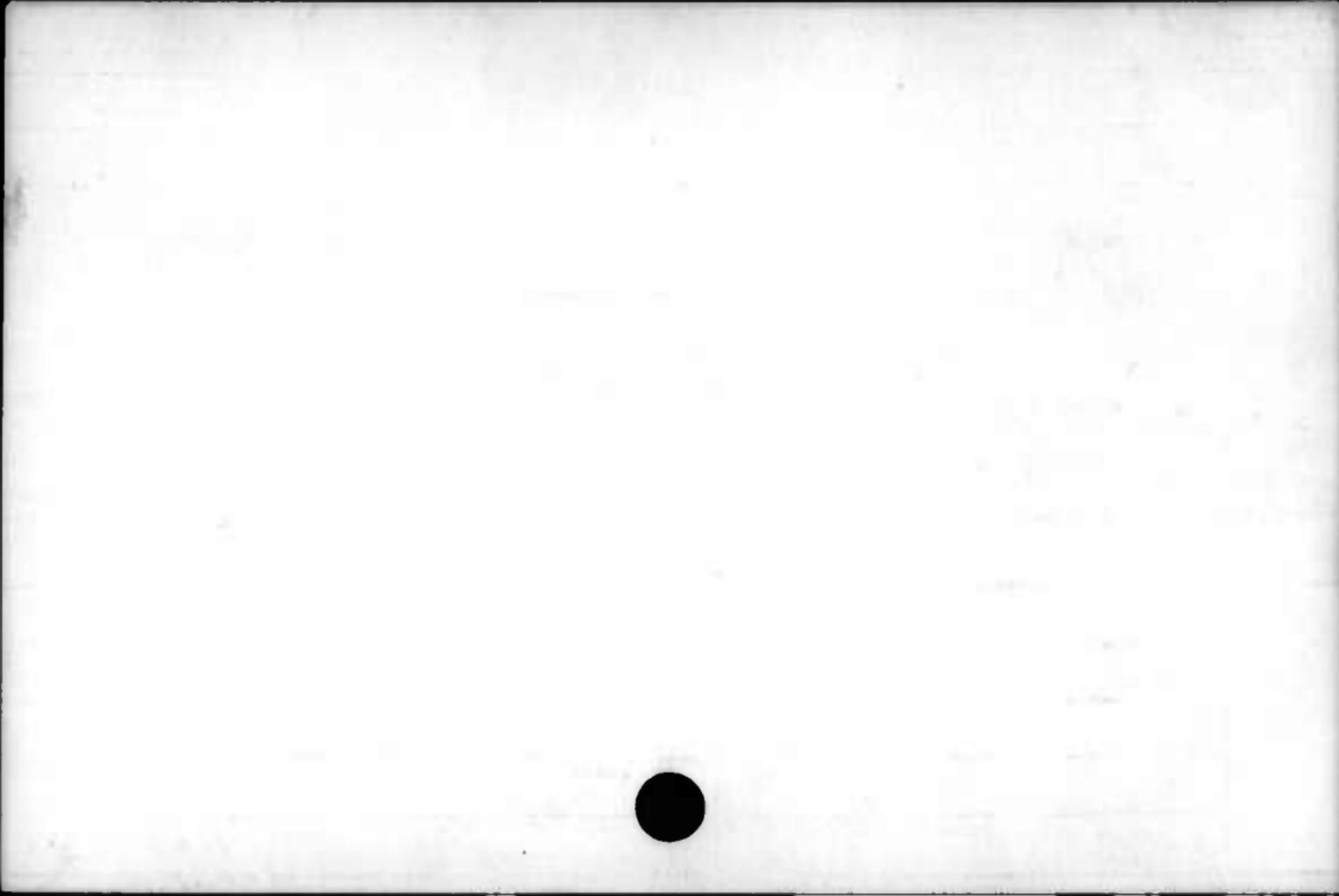
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Durg W. F.
Caldwell
Md

Accident
Suicide



Name
in
Full

Robert Eugene Brandt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Married, Single or Widowed	Occupation		
Name of Wife or Husband			
Father's Name	George C. Brandt	Father's Birthplace	Cumberland
Mother's Maiden Name	Mollie E. Herbert	Mother's Birthplace	S.C.
Name of person giving information	Geo. C. Brandt	How related to deceased	Father

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	I Naucon	How long	26
Immediate	- Same -	How long	collapse in few hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Edward Daniels
		Address	Mt. Savage Md.
Accident or Suicide?			



Name
in
Full

Eveline Bruleenakie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Married, Single or Widowed	Occupation		Allegany Co		
Name of Wife or Husband	Wid -		House keeper		
Father's Name	John Bruleenakie				
Mother's Maiden Name	Jan Fletcher		Wid		
Name of person giving information	The Gandy		Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Recovery of heart attack

How long

3 days

Immediate

Exhaustion

How long

38 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. H. King Jr.
Circusville, B
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Near Rawlings		Town	Carroll		County	MARYLAND	
Date of death 1903	Month August	Day 3	Age	Years	Months	Days	
Sex Female	Color or Race	white		Birth place	Near Rawlings		
Married, Single or Widowed	Occupation						
Infant							
Name of Wife or Husband							
Father's Name	Wm H. Carroll		Father's Birthplace		Washington D.C.		
Mother's Maiden Name	Elizabeth Carroll		Mother's Birthplace				
Name of person giving information			How related to deceased		West Virginia		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born

d.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

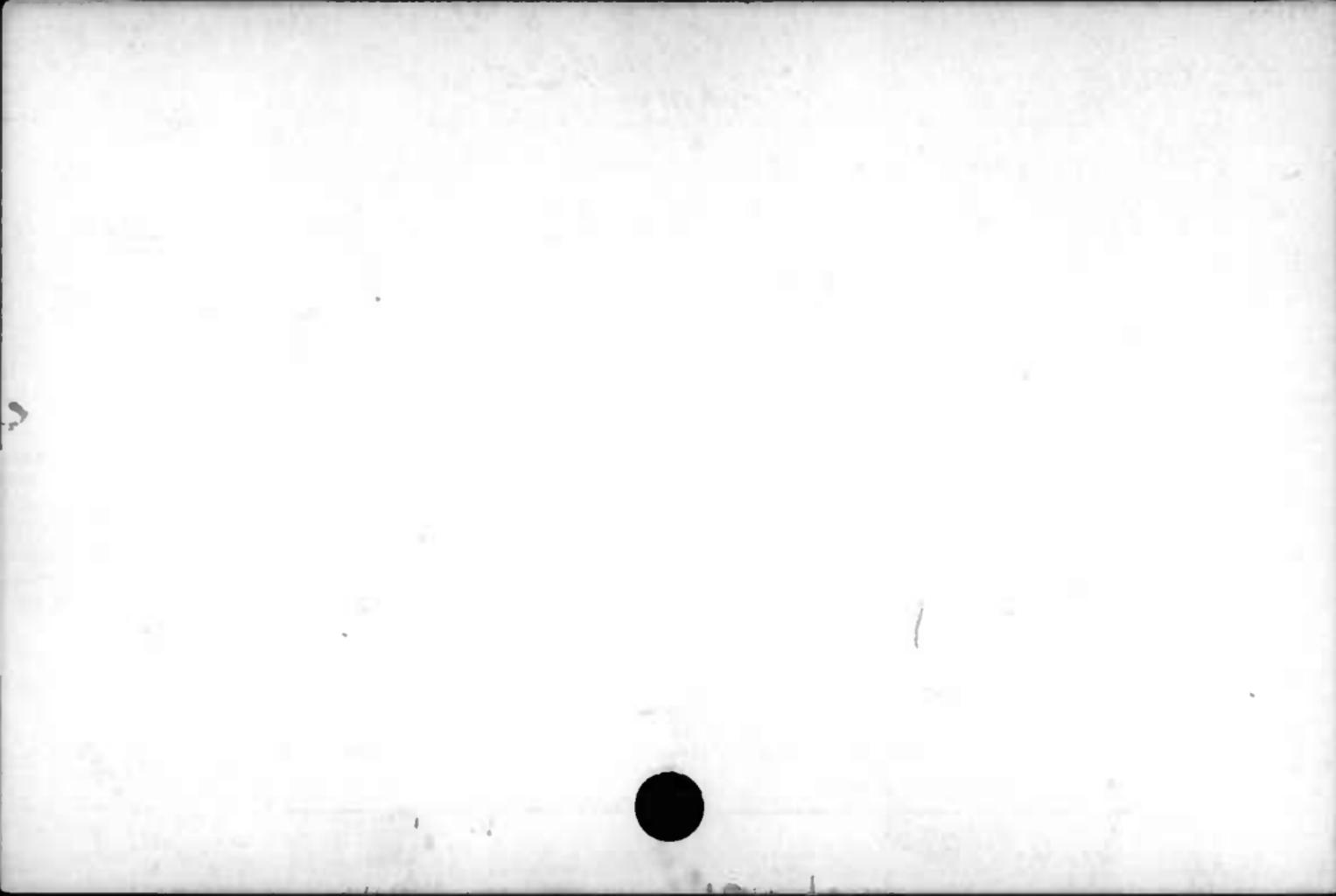
Address

Sarah Disease Attendant

Bier Md

Eccent Co map Sat Aug 20

Accident or Suicide?



Name
in
Full

Mrs. Sarah Gasekamp
Cumbd. County

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Month	Day	Years	Months	Days
Date of death 1903	Aug	10	Age 77			
Sex Female	Color or Race	White	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paroxysm's disease* 100
How long
Immediate " " How long

Are the name, age, sex, color, date and place correctly given above?

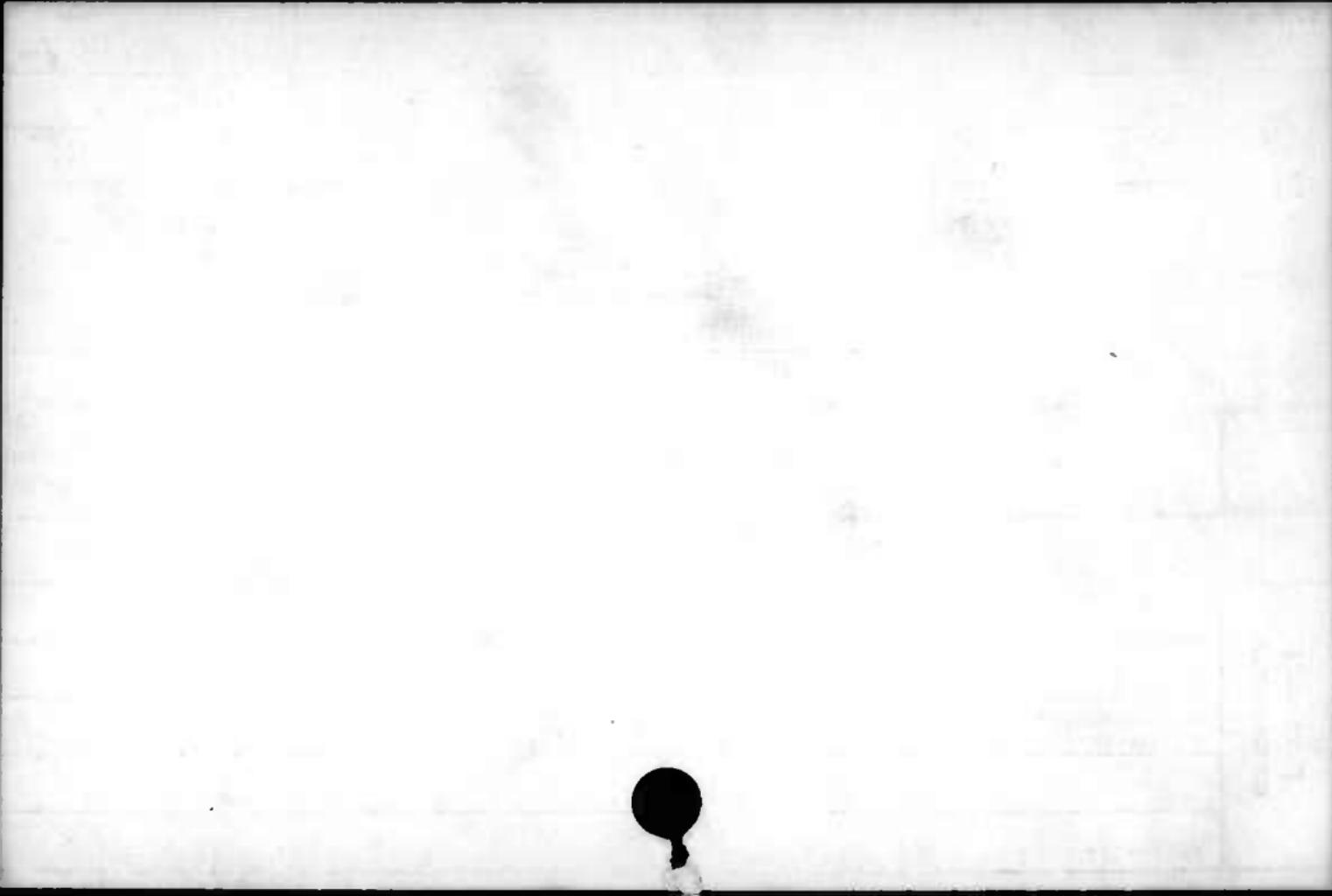
yes

Signature of Physician

Address

H. L. Hahn M.D.
Cumberland Md.

Accident or Suicide?



Name
in
Full

Edwin Cavan

CERTIFICATE OF DEATH

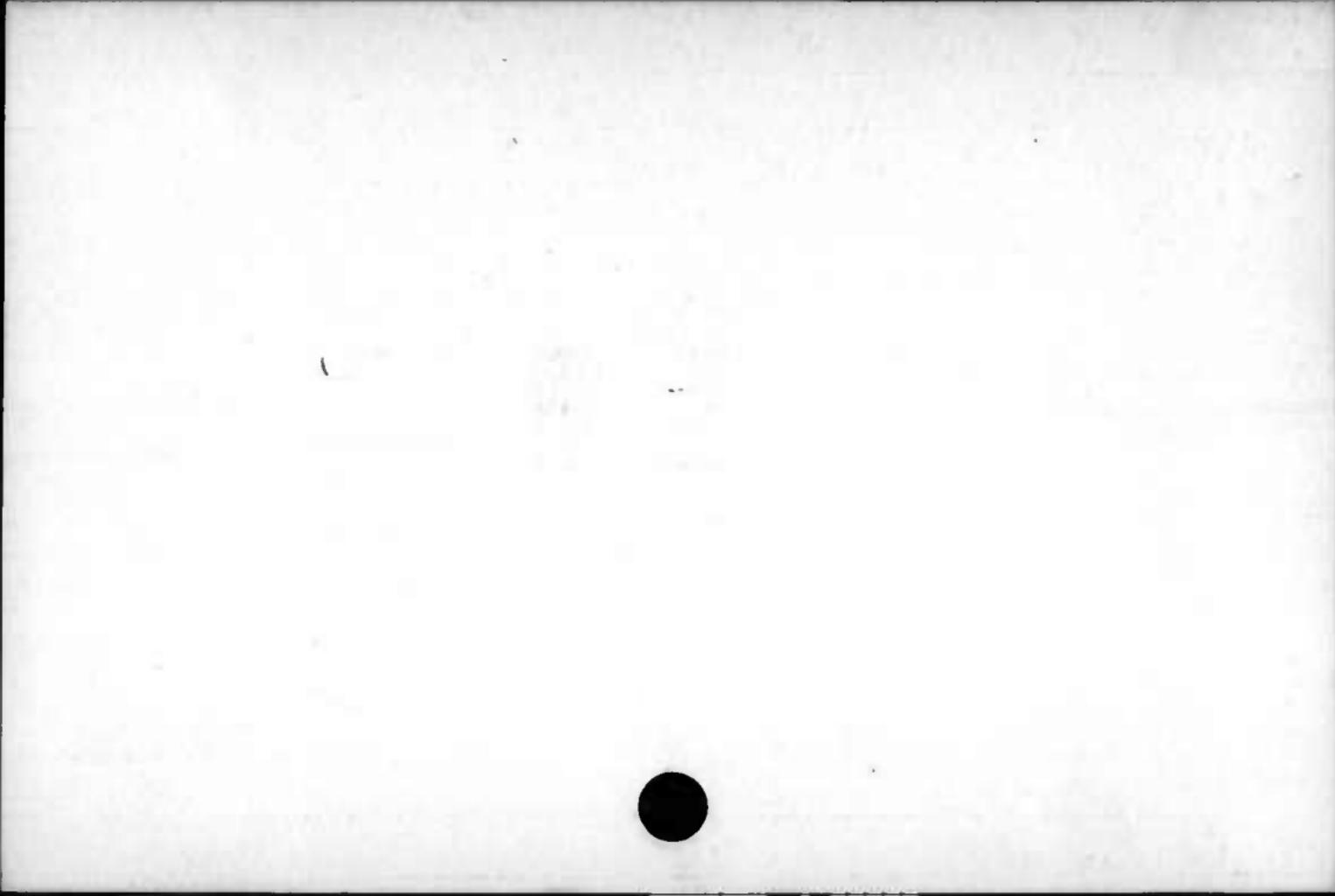
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month August	Day 20	Years —	Months 10	Days 1
Sex Male	Color or Race White	Birth-place Belkin			
Married, Single or Widowed Single	Occupation —				
Name of Wife or Husband					
Father's Name Patrick Cavan	Father's Birthplace Virginia				
Mother's Maiden Name Mary Bretham	Mother's Birthplace Ireland				
Name of person giving information Mrs. Mary Cavan	How related to deceased Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	3 week
Immediate	Enteric Colitis	How long	2 week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	James Q. Bullock
		Address	Suracuring Mary Lane
Identify Suicide? _____			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Edna N Chaney

CERTIFICATE OF DEATH

MARYLAND

Died at Cumb, md

Date of death 1903 Aug. Month

Day

20

County

Years

1

Age

Months

Days

Sex Femal

Color or
Race

W

Birth-
place

Cumb, md

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Nellie Nicklison

Father's
Name

Richard Chaney

Father's
Birthplace

Mother's
Maiden Name

Nellie Nicklison

Mother's
Birthplace

Name of person giving
Information

Richard Chaney

How related
to deceased

Mr
Mr
Father

CAUSES OF DEATH

Primary

Pneumonia

How long

2 mo

Immediate

Exhausion

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. F. Tugoff

Accident or Suicide?

7

Name
in
Full

Alexander Close -

85

CERTIFICATE OF DEATH

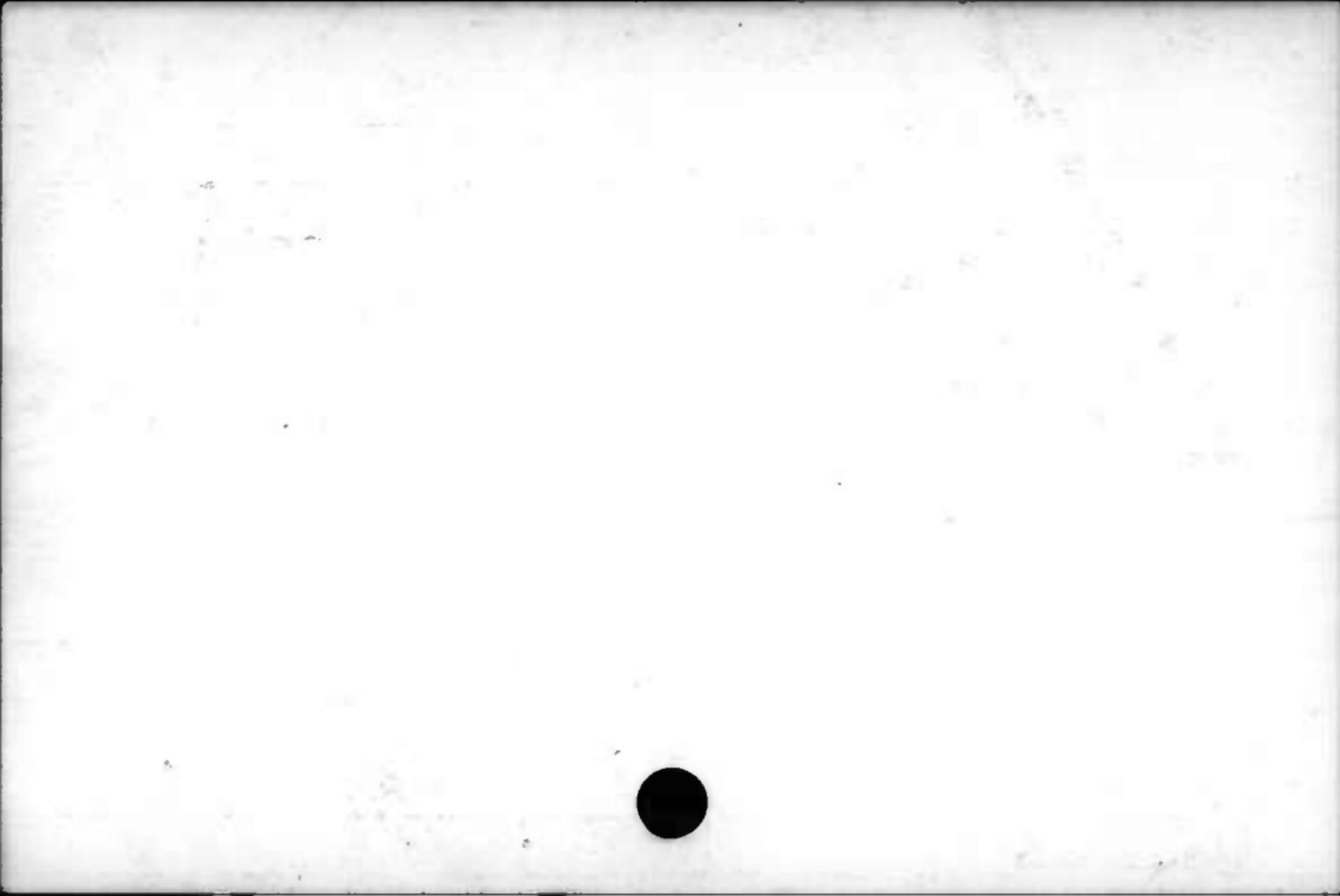
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Eckhart Mines	allegany	
Date of death	Month	Years	Months Days
1903	Aug:	70	8 2
Sex	Day	Age	
Male	29	70	
Color or Race	white	Birth-place	scotland
Married, Single or Widowed	Occupation	Miner	
Name of Wife or Husband	Margaret		
Father's Name	William Close		
Mother's Maiden Name	Sarah —		
Name of person giving Information	James R. Close		
How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Prostate gland	
	How long	one year
Immediate		
Are the name, age, sex, color, date and place correctly given above?	VS	How long
Yes.	Signature of Physician	Address
Accident or Suicide?	B.W. Comwell M.D. Eckhart Mines 71st.	



Name
in
Full

Mrs Gertrude Conway.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Emmick
Occupation	Housewife				
Married, Single or Widowed	Married	Name of Wife or Husband	Where Residing if not at place of death	Cumberland Md	
Father's Name	Frank J Conway				
Mother's Maiden Name	Michael Strasson				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long
Immediate	Shot to Death.	176

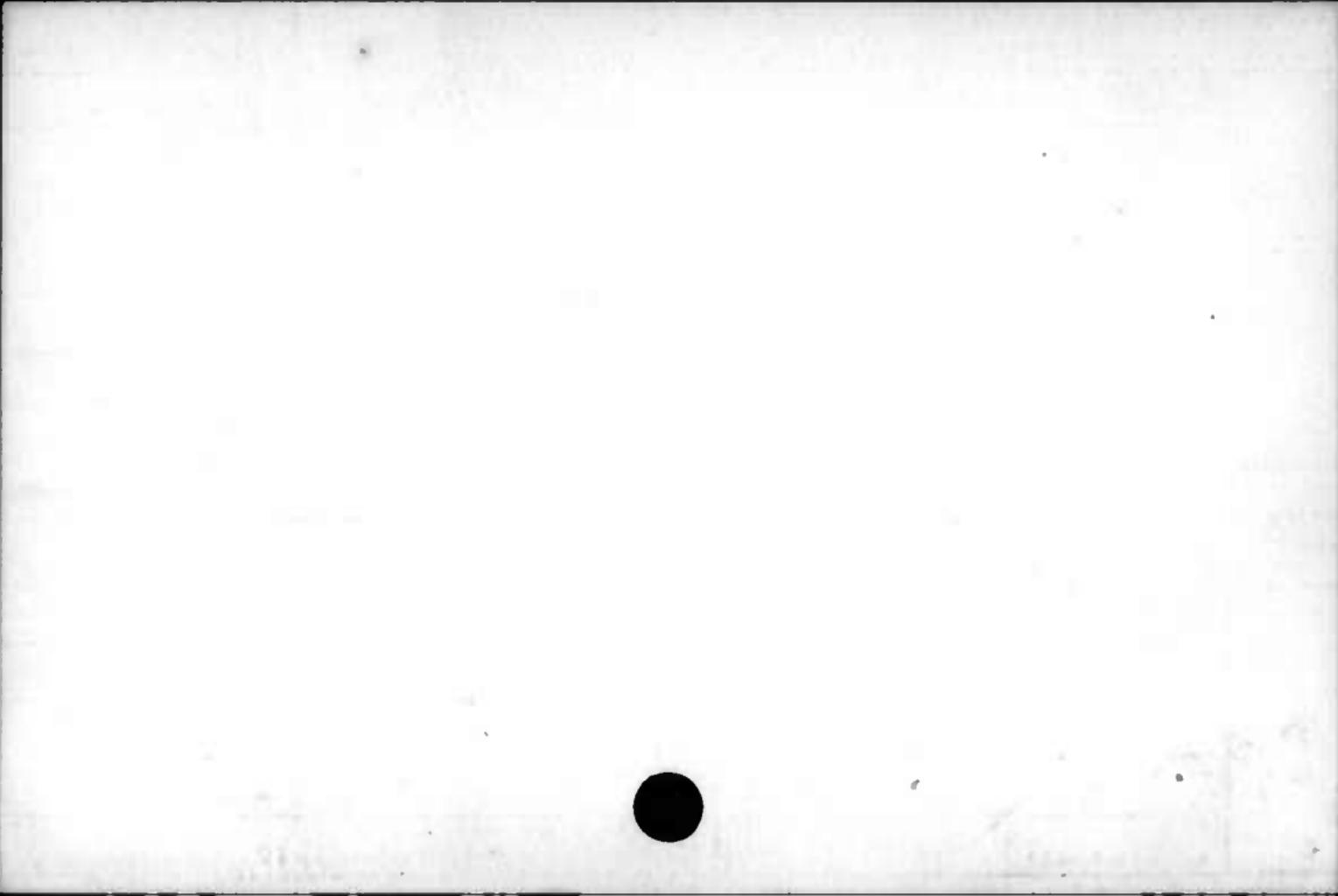
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

W J Conway
Conway
Cumberland Md.

accident or catastrophe



Name
in
Full

Margaret Curran

CERTIFICATE OF DEATH

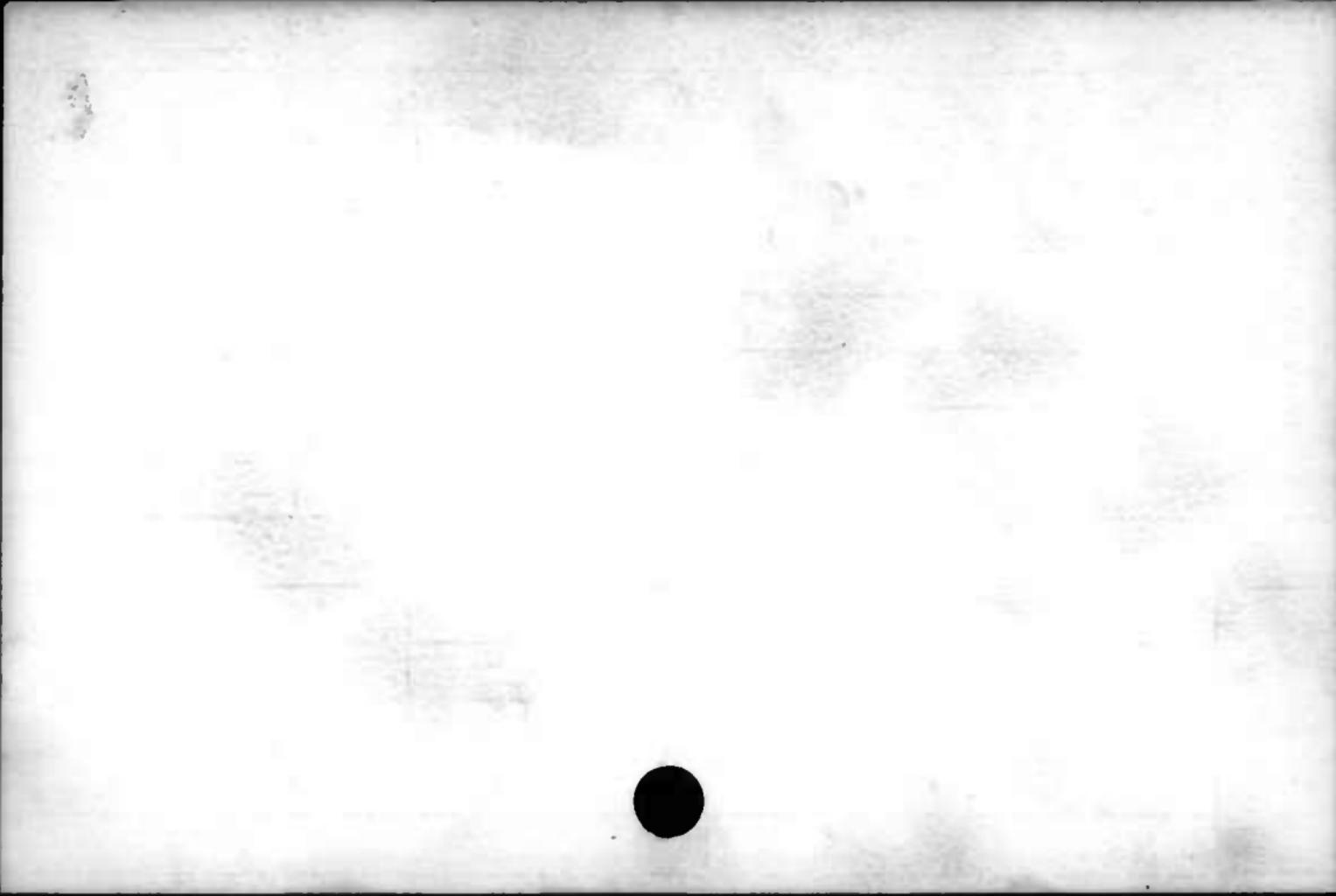
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month August	Day 14	Age 82	Years	Months Days
Sex Female	Color or Race White	Birth- place			
Married, Single or Widowed Single	Occupation				
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased Sister				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diarrhea	How long	one week
Immediate	Expansion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. W. Dennis
		Address	Cumberland Md.
Accident or Suicide?			



Eric Erland Dean

Town

County

Died at Cambria

allegany

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of
Md

Occupation

chicd

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Eric Dean

Mother's

Maiden Name

Anna Smith

Cause of

Primary

Enterotox - Califia

How long sick

6 weeks

Death

Immediate

Exhaustion

105

Accident, Suicide, Homicide

Reported by

J. N. Fochman

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Catherine Dressman

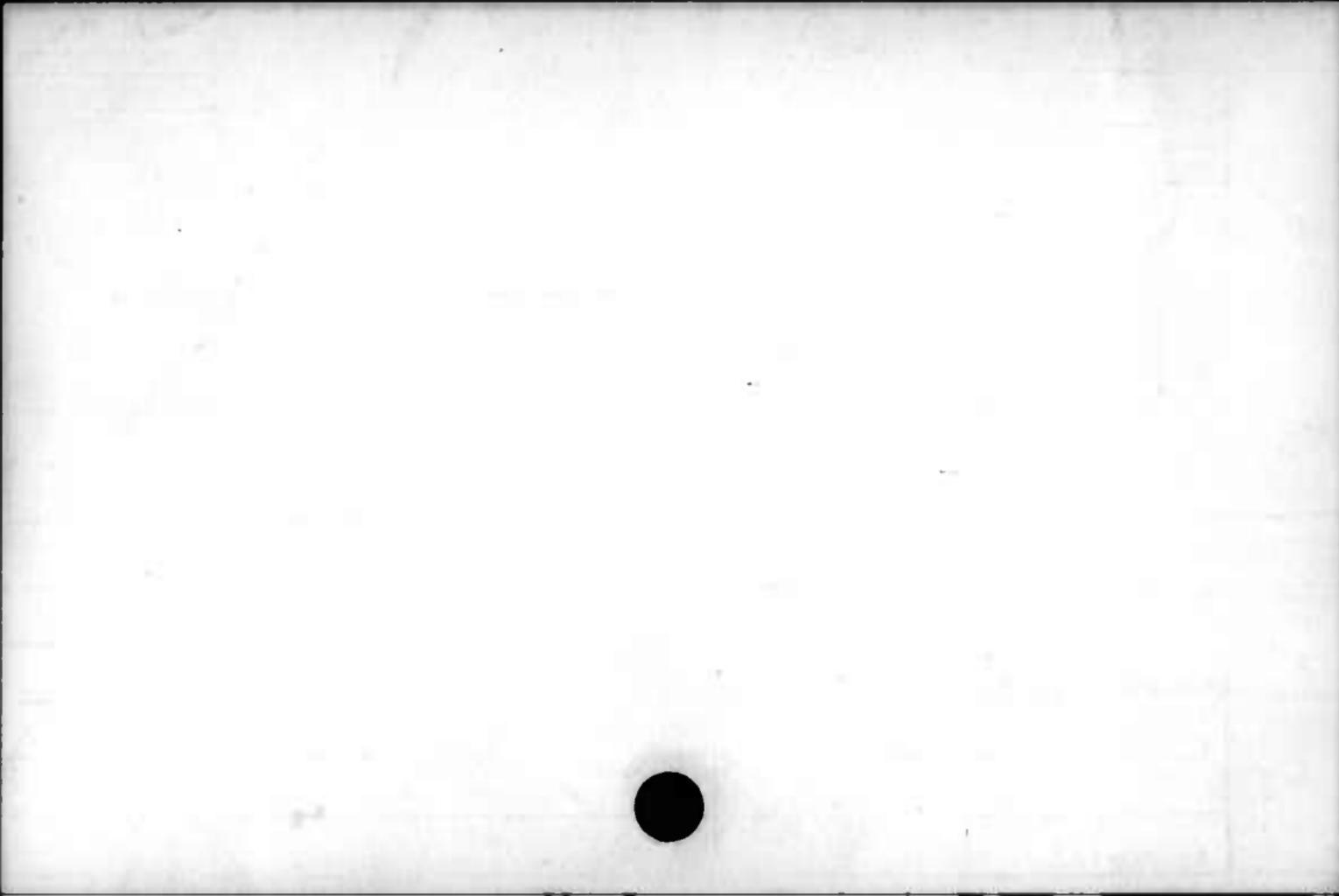
CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	Age	84
Occupation	House wife	Where Residing if not at place of death	Birthplace	Germany
Married, Single or Widowed	Widow	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name			Mother's Name	Mother's Birthplace
Name of person giving Information	Joseph Dressman		How related to deceased	Lew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hypertension	79	How long	4 yrs
Immediate	Heart failure	79	How long	few day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Toghtman	
		Address		
Accident or Suicide?				



Paris Snodges.

Town

County

*Crusoe**Calvert*

MARYLAND

Died at

Date 19 03	Month 8	Day 5	Y. 52	M. 0	Native of <i>Crusoe</i>	Occupation <i>Bar Tender</i>
Male	White	Married	Widow	Divorced		
Female	<u>Colored</u>	Single	Widower	Number of children living		

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

accidental Drowning

Accident, Suicide, Homicide

Reported by

W T Corrigan Lawyer

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Philip Geflow

CERTIFICATE OF DEATH

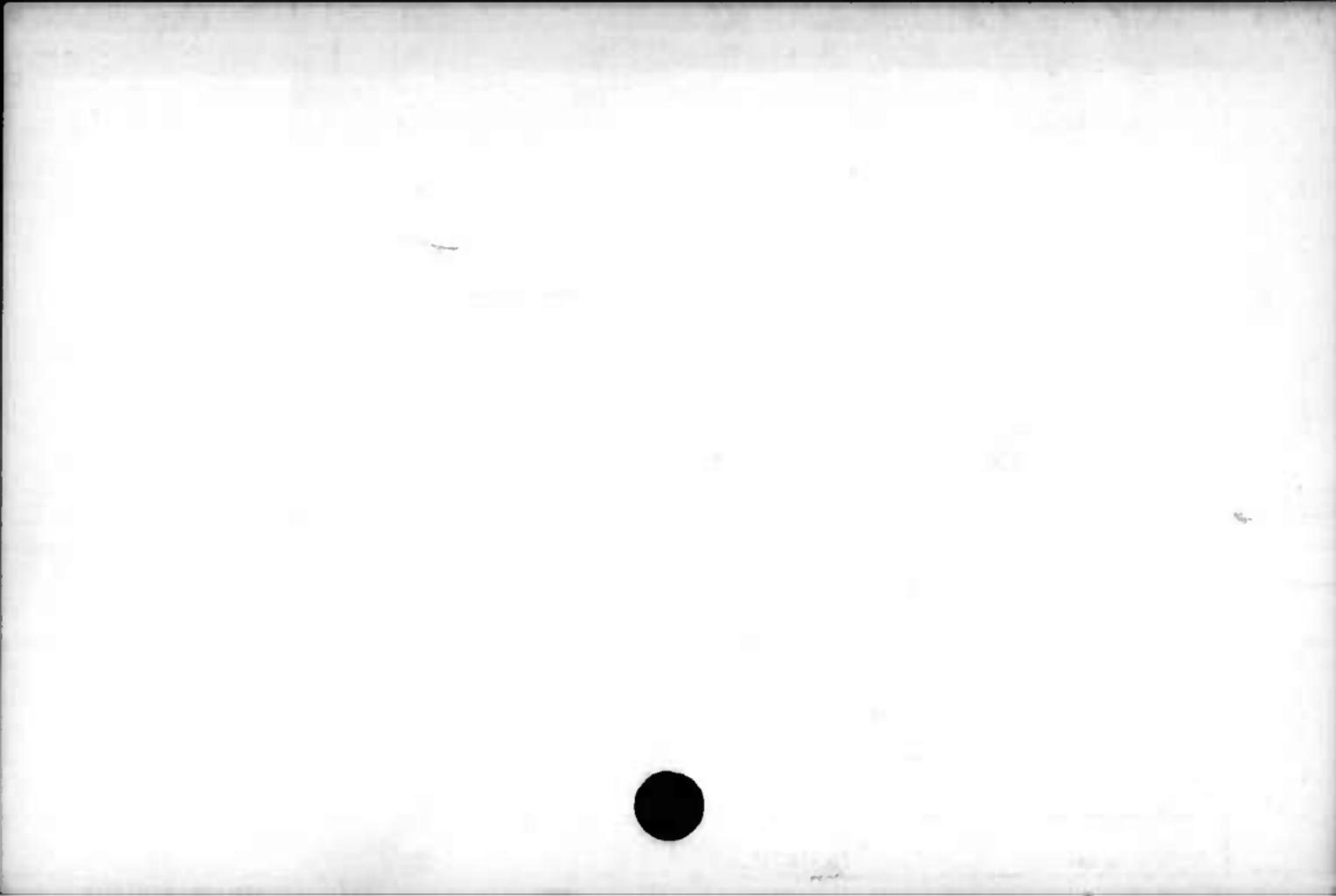
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1903	8	29	53 -	-	-
Sex	Color or Race	Birth-place			
Male -	White				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Killed by Train # 6 -	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address
Accident	



Name
in
Full

Thomas Wilbur Green

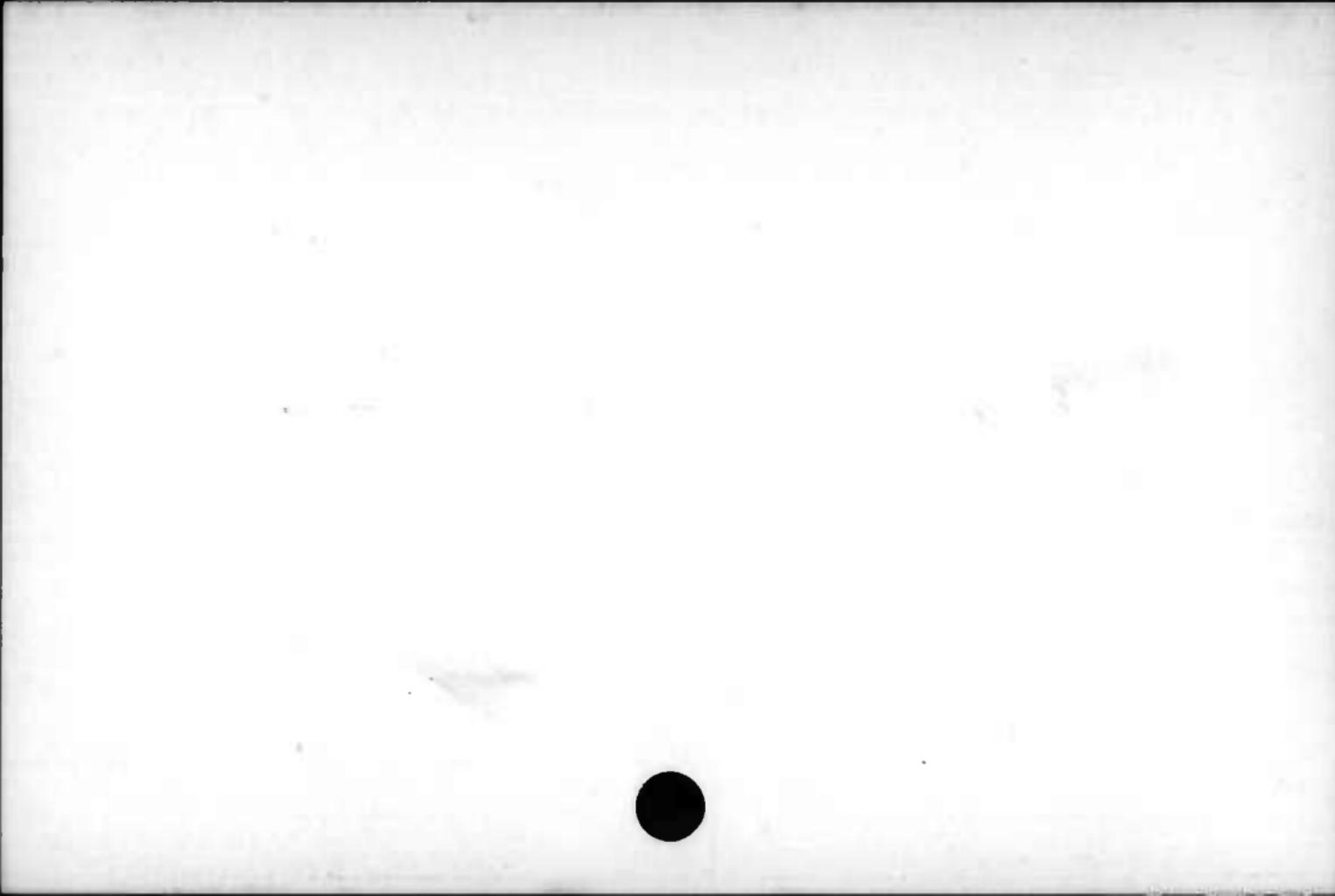
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Moscow Mills</u>	County <u>allegany</u>	MARYLAND		
Date of death 1903	Month <u>August</u>	Day <u>25</u>	Years —	Months <u>2</u>	Days <u>7</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Occupation <u>Bright</u>	Birth- place <u>Moscow</u>		
Married, Single or Widowed					
Name of Wife or Husband <u>—</u>					
Father's Name <u>Patrick J. Green</u>			Father's Birthplace <u>Newbury Wm.</u>		
Mother's Maiden Name <u>Mary Fitzpatrick</u>			Mother's Birthplace <u>West Va</u>		
Name of person giving Information <u>Mary Green</u>			How related to deceased <u>Mother</u>		
CAUSES OF DEATH					
Primary	<u>Marsasmus</u>	<u>103</u>	How long <u>from birth</u>		
Immediate	<u>Secter = Colitis</u>		How long <u>3 days</u>		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician <u>James Q. Bullock</u>
		Address <u>Simeonung Maryland</u>
Accident or Suicide?		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mr. Henry Gurd.

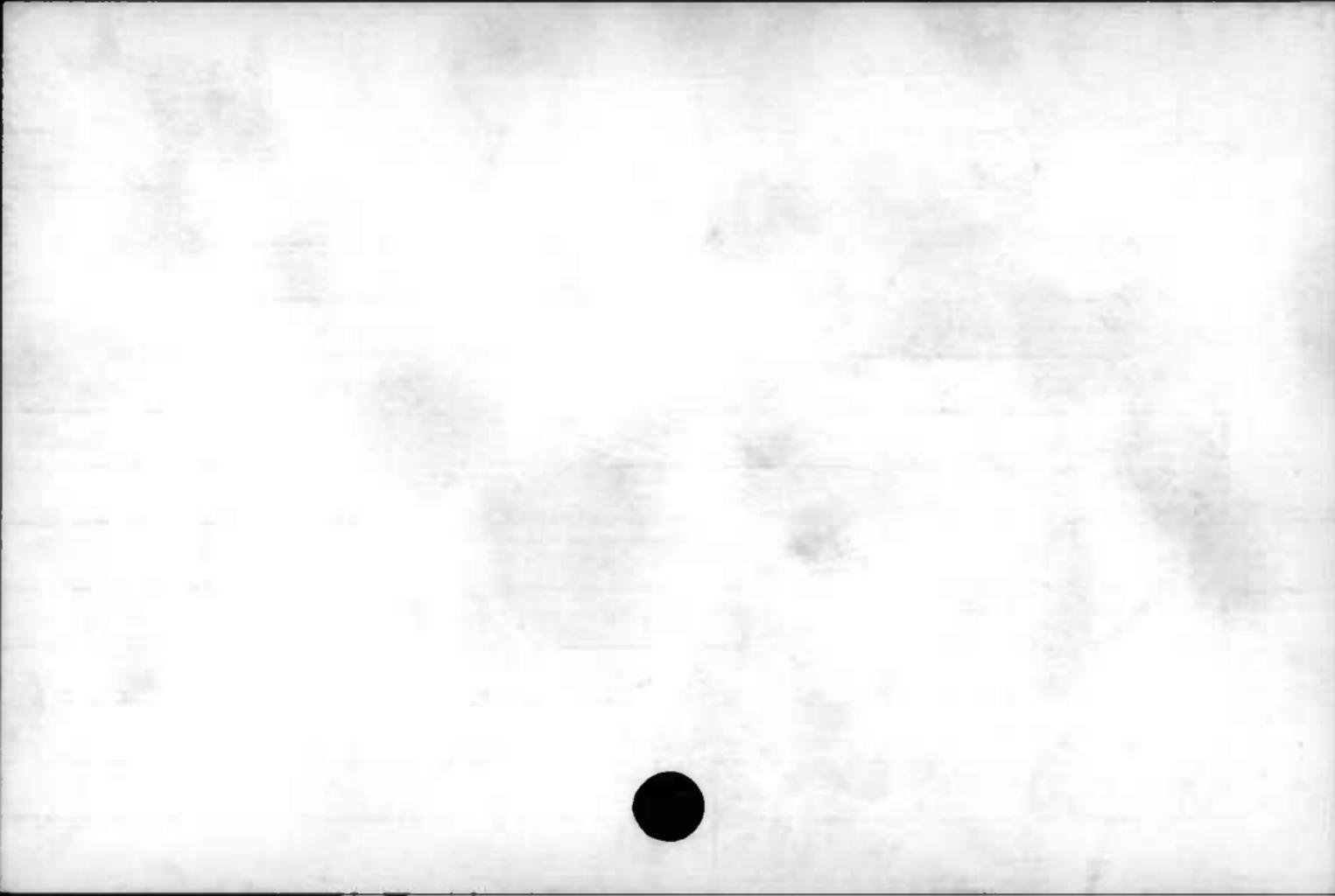
CERTIFICATE OF DEATH

MARYLAND

Town	County		
Died at	Cumberland	Allegany	
Date of death 190	Month 3	Day 24 th	Years 46
Sex	Color or Race	Occupation	Birth- place
Married, Single or Widowed	Male	White	
Name of Wife or Husband	Married Farmer		
Father's Name			
Mother's Maiden Name	VV		
Name of person giving Information	How related to deceased		

CAUSES OF DEATH

Primary	Anthrax infection		How long
Immediate	Meningitis		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	James J. Johnson
Yes		Address	Cumberland, Md.
Accident or Suicide? _____			



Name
in
Full

(Infant)

Hansel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Cumberland

Town

County

MARYLAND

Date
of death

1903

Month

Aug

Day

2

Years

0

Months

0

Days

1

Age

Sex

Male

Color or
Race

White

Birth-
place

Cumberland

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

(Unknown)

Father's
Birthplace

Mother's
Maiden Name

Annie H Hansel

Mother's
Birthplace

Name of person giving
Information

Annie H Hansel

How related
to deceased

Md
Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Weak Premature Infant

How long

1/4 day

Immediate

Exhaustion

How long

1/4 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

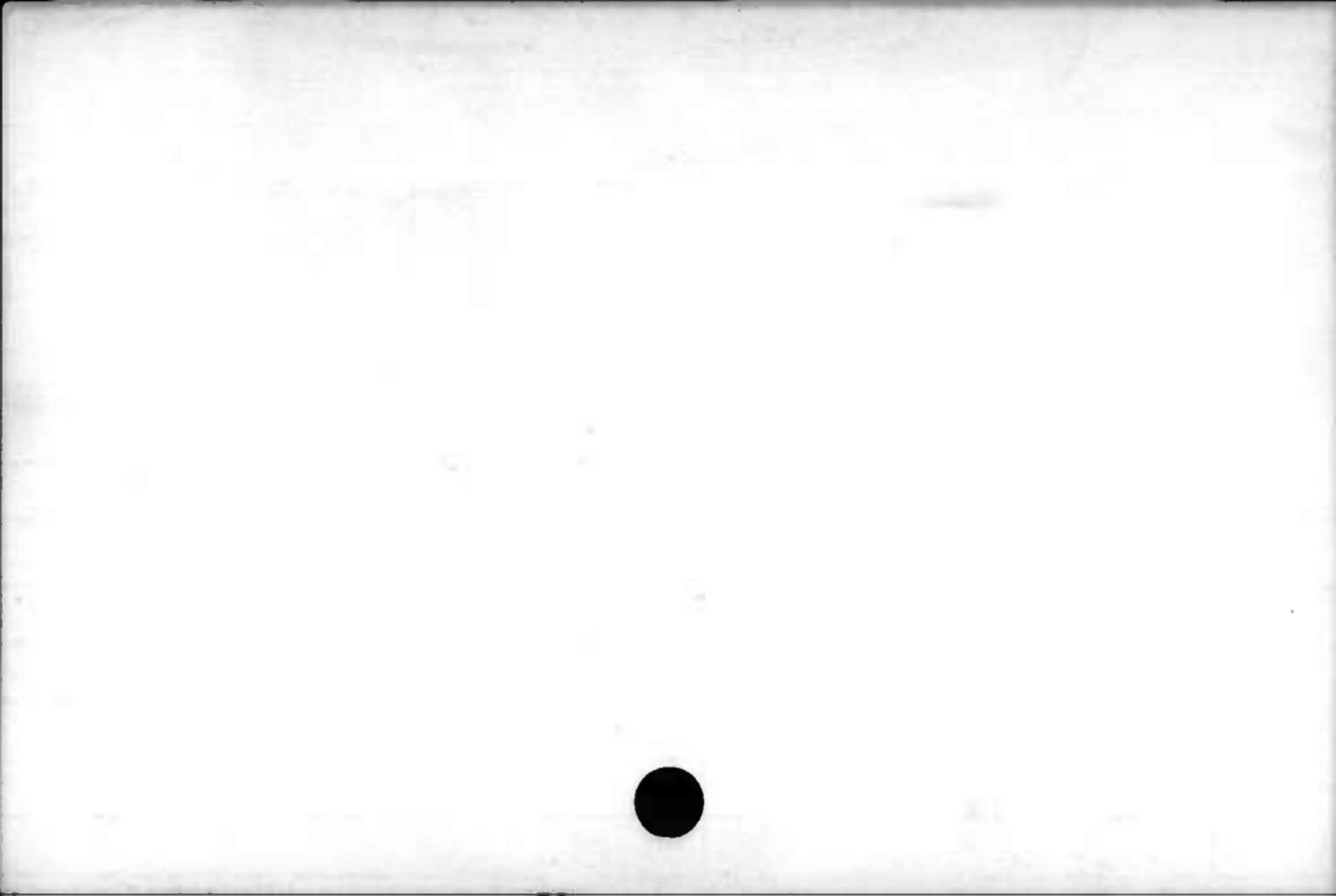
L.S. Broadbump

100 W. Main

Cumberland Md.

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

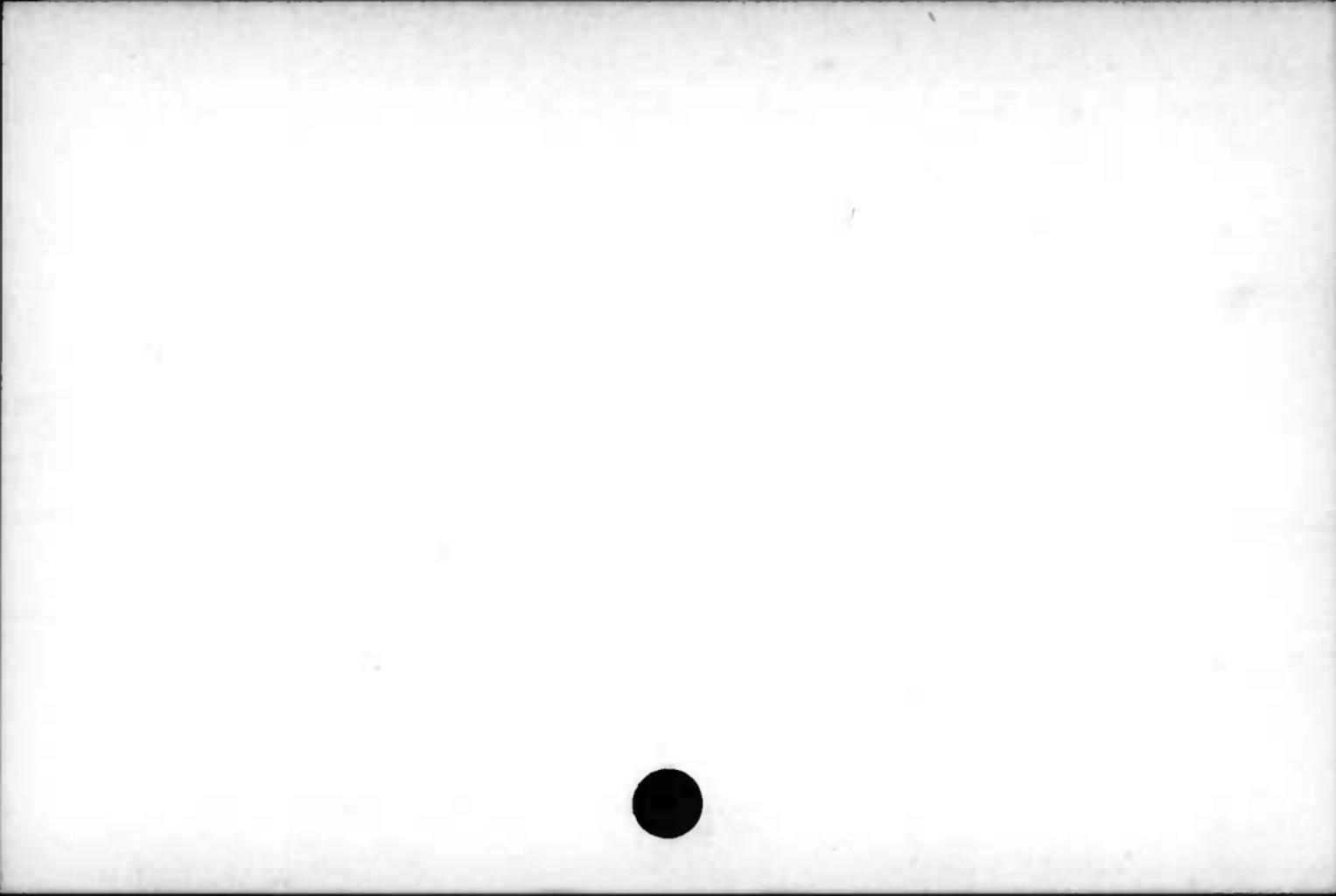
CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death 1903	Month Aug.	Day 22	Age —	Months 9	Days 10	
Sex Male	Color or Race White	Occupation —	Birth- place Somacoming			
Married, Single or Widowed —						
Name of Wife or Husband —						
Father's Name Andrew House			Father's Birthplace West Va.			
Mother's Maiden Name Lily S. Melt			Mother's Birthplace Barton Md.			
Name of person giving Information Andrew House			How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pertussis	8	How long 2 months
Immediate Enteritis	1	How long 1 week
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician M. Gibson Porto	
M	Address Somacoming Md.	
Accident or Suicide?		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

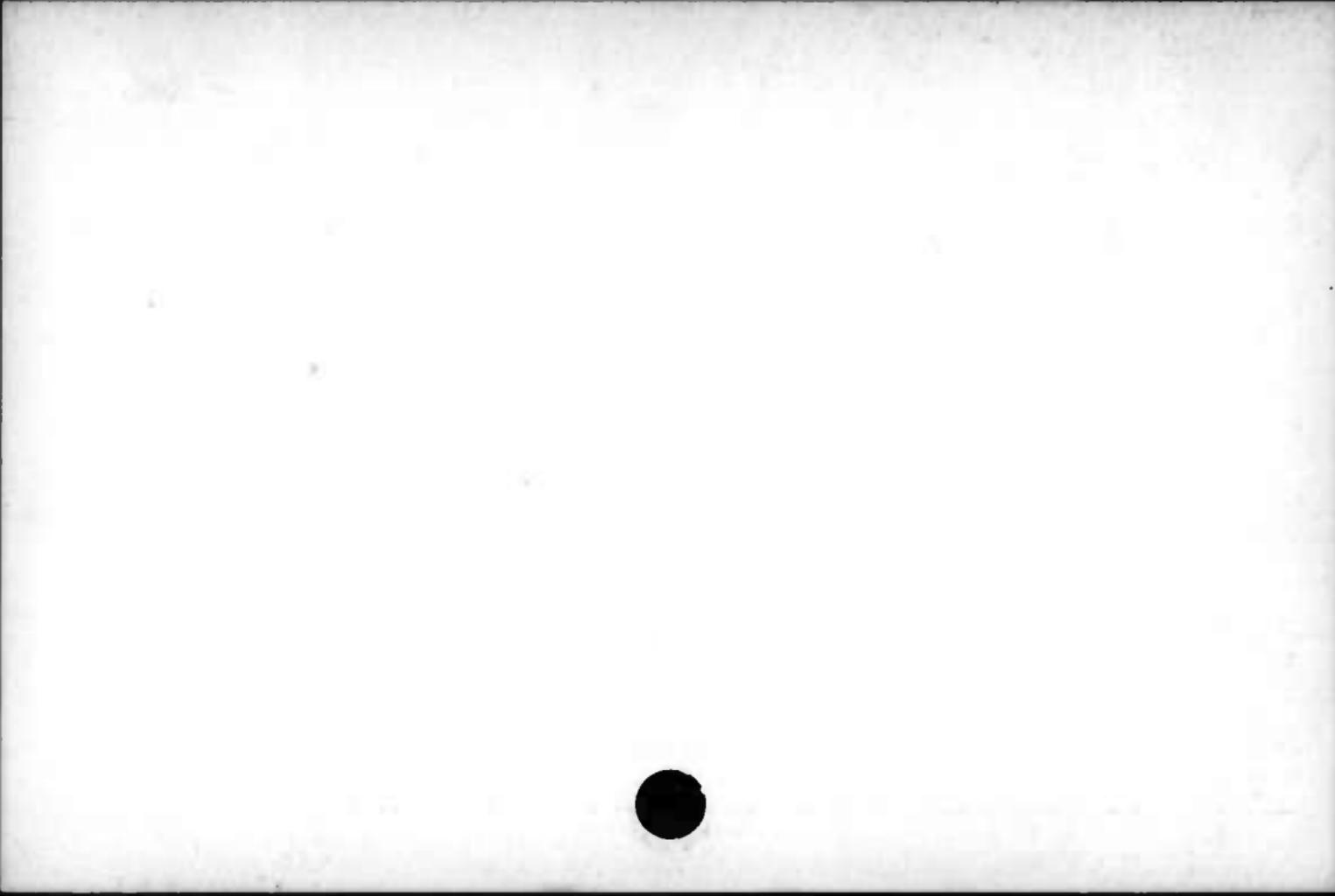
J Hughes

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death 1903	Month Aug	Day 28	Years X	Days 3
Sex Boy	Color or Race White	Occupation child	Birth-place Westminpton	
Married, Single or Widowed Single				
Name of Wife or Husband Annie Hughes				
Father's Name Jacob Hughes	Father's Birthplace Westminpton			
Mother's Maiden Name Annie Bright	Mother's Birthplace Westminpton			
Name of person giving information Father	How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Summer complaint		How long 2 weeks
	Immediate	Expansion	105	How long 3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. Shupon	Address Westminpton	
Accident or Suicide?		Red		



Name
in
Full

Felma Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Allegany		MARYLAND		
Date of death 1903	Month 8	Day 3	Age	Years	Months	Days
Sex Female	Color or Race	Real orge		Birth-place	Cumb W Md	
Married, Single or Widowed	Do not know	Occupation	As our know			
Name of Wife or Husband				Father's Name		
Father's Name				Father's Birthplace		
Mother's Maiden Name	Ron Taylor				Mother's Birthplace	
Name of person giving information	Ewd. Stein	151	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Do not know did not treat child

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

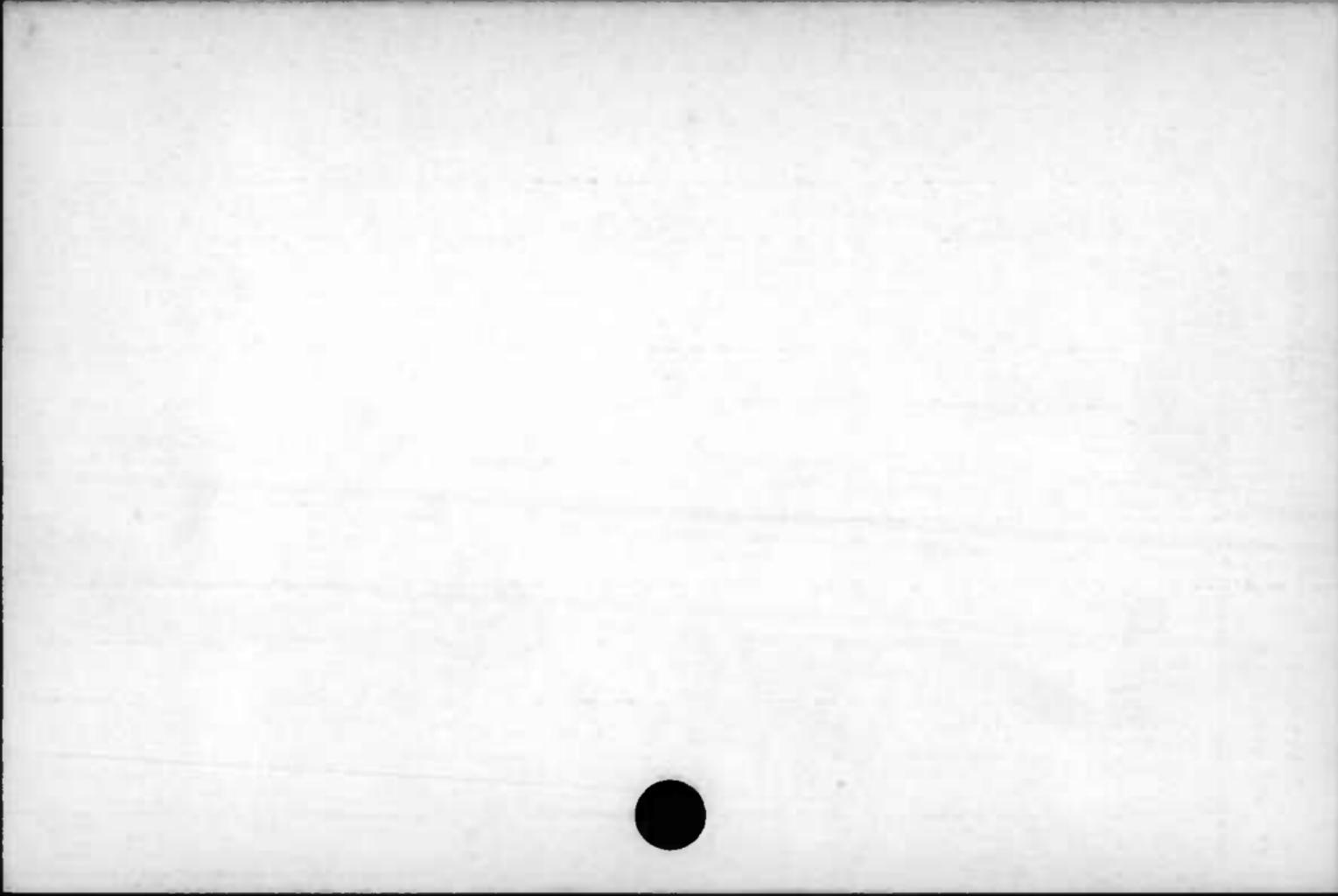
yes

Signature of Physician

Address

H. G. Triggs

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Margaret Porter Jones

Town

County

MARYLAND

Died at Lonaconing Allegany

Date of death 1903 Aug. 16

Day

Years

Age 76

Months

Days

2 22

Sex Female

Color or Race

white

Birth-place

Maryland

Married, Single or Widowed

widow

Occupation

housewife

Name of Wife or Husband

Wm D. Jones deceased

Father's Name

John Porter

Father's Birthplace

Maryland

Mother's Maiden Name

Laney Porter

Mother's Birthplace

Pennsylvania

Name of person giving information

John T. Porter

How related to deceased

Son

CAUSES OF DEATH

Primary

Senile debility

How long

Several months

Immediate

Aphoplexy

Signature of Physician

How long

Suddenly

Are the name, age, sex, color, date and place correctly given above?

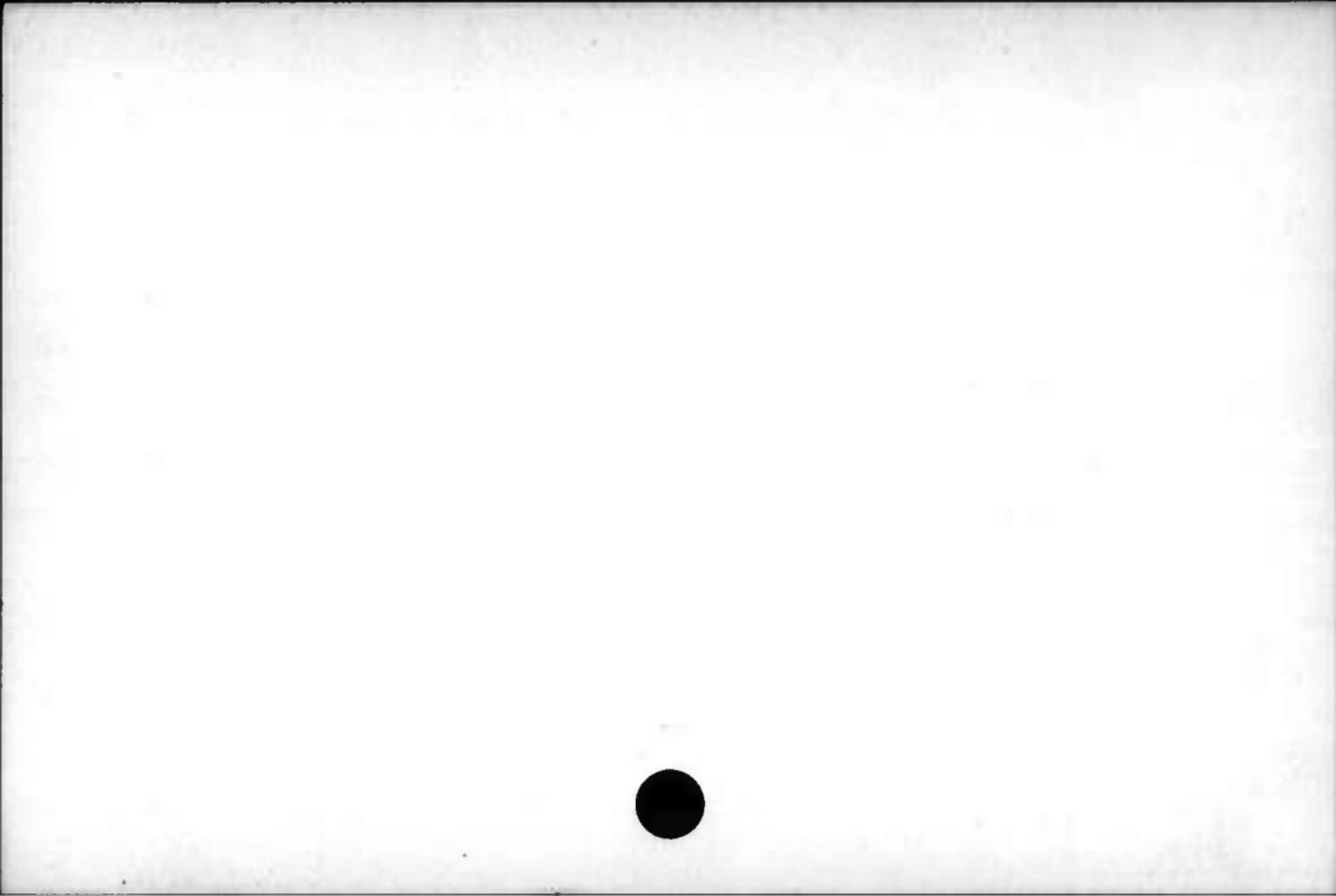
Yes

Address

Lonaconing Maryland

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Robert Roy Kalbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Day	Years
Sex	Color or Race	Age	Months
Married Single or Widowed	Occupation	Birth-place	Days
Name of Wife or Husband			
Father's Name	G E Kalbaugh	Father's Birthplace	Allegany Co.
Mother's Maiden Name	F W Foltom	Mother's Birthplace	W. Va.
Name of person giving Information	G E Kalbaugh	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Indigestion

How long

4 day

Immediate

Acute Indigestion

How long

or days

Are the name, age, sex, color, date and place correctly given above?

yes

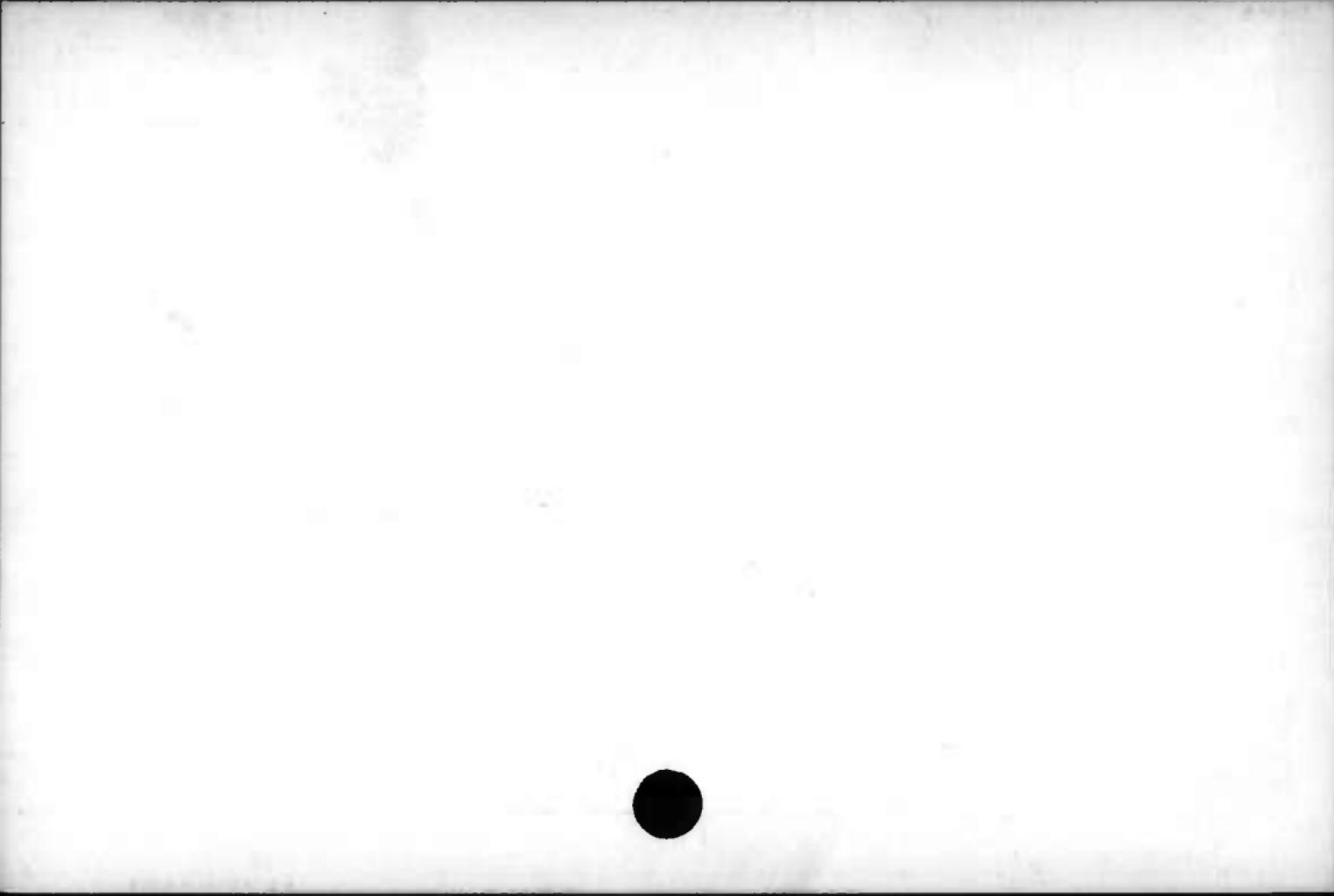
Signature of Physician

G E Kalbaugh.

Address

Parkdale W Va

Accident or Suicide?



Name
in
Full

Catherine Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

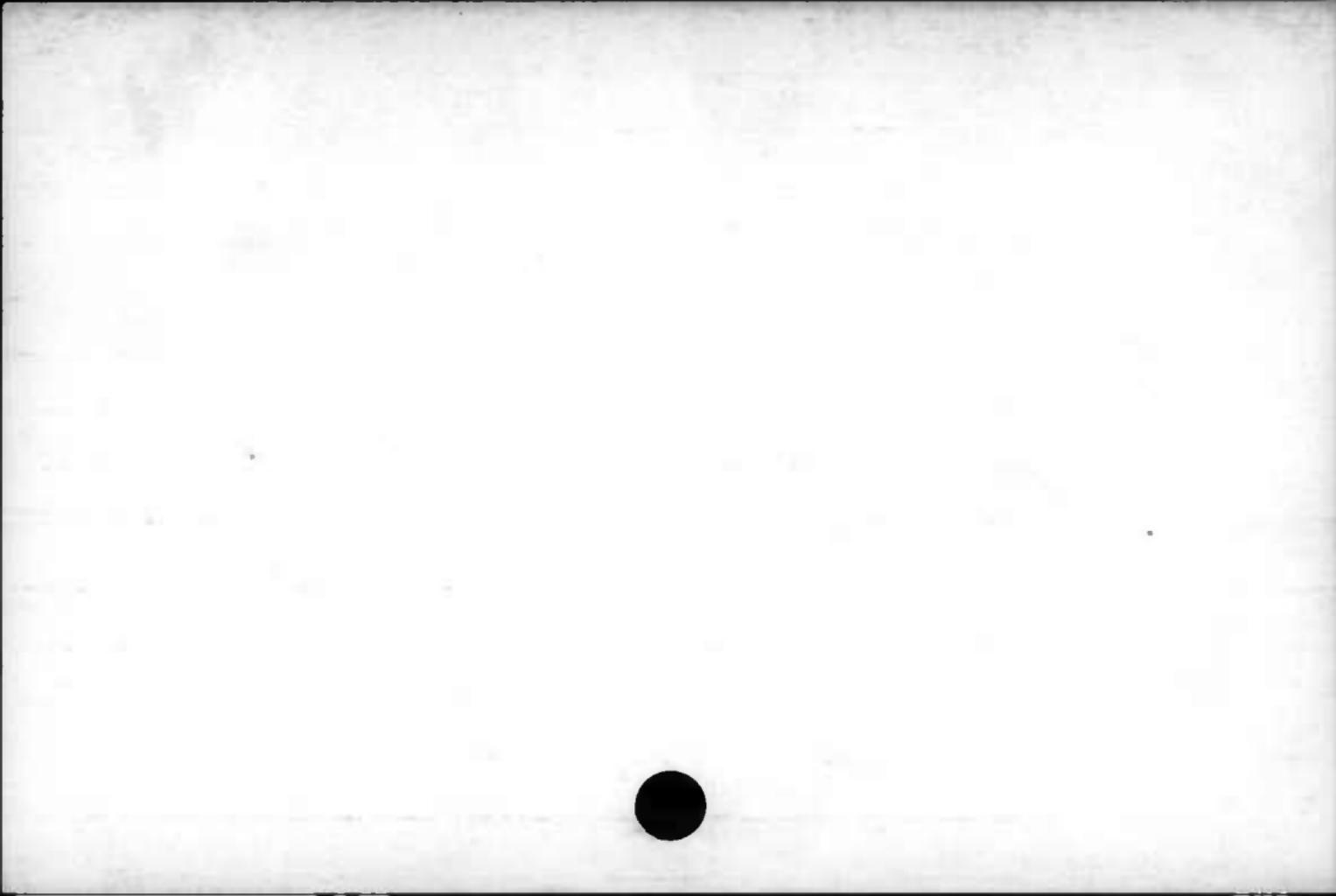
Town Died at <i>Cumberland</i>	County <i>Allegany</i>	MARYLAND			
Date of death 1903	Month 7	Day 6	Age Years 80	Months —	Days —
Sex <i>Female</i>	Color or Race <i>White</i>	Birth- place <i>Germany</i>			
Married, Single or Widowed <i>Widowed</i>	Occupation <i>Retired</i>				
Name of Wife or Husband					
Father's Name	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name	Mother's Birthplace <i>Germany</i>				
Name of person giving Information <i>Joseph Shriver</i>	How related to deceased <i>Grand son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral insufficiency (Senility)</i>	How long <i>years</i>
Immediate <i>Ft exhaustion</i>	How long <i>months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Fochtmann</i>
	Address <i>Cumberland, Md.</i>

Accident or Suicide?



<i>Rosina Kuhlman</i>							
Town	County						MARYLAND
Died at	<i>Cumtuckland</i>			<i>Allegany</i>			
Date	Month	Day	Y.	M.	D.	Name of	Occupation
<i>1903</i>	<i>Aug</i>	<i>17</i>	<i>78</i>	<i>3</i>	<i>1</i>	<i>Laura Brueck</i>	<i>Housewife</i>
Female	White	Age	Married	Widow	Divorced	Number of children living	
	<i>[Redacted]</i>	<i>[Redacted]</i>	<i>[Redacted]</i>	<i>[Redacted]</i>	<i>[Redacted]</i>	<i>[Redacted]</i>	
Husband of	<i>Bernard Kuhlman</i>						
Wife	<i>Christina Yorke</i>			<i>Mother's Name</i>			
Father's Name	<i>John Kuhlman</i>			<i>Age</i>			<i>Years</i>
Cause of Death	Primary	<i>Acute intestinal collapse</i>			<i>How long sick</i>		
	Immediate	<i>collapse</i>			<i>3 days</i>		
Reported by	<i>H. W. Hodgson</i>			<i>104</i>			<i>Accident, Suicide, Homicide</i>
Address	<i>Cumtuckland</i>			<i>[Redacted] Md.</i>			

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

as many

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Yrs	Months
Sex	Color or Race	Age	Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	Bridget Kelly.	Mother's Name	Mother's Birthplace
Name of person giving information	Miss George	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Barth* How long *J*

Immediate *Dead Born* How long *J*

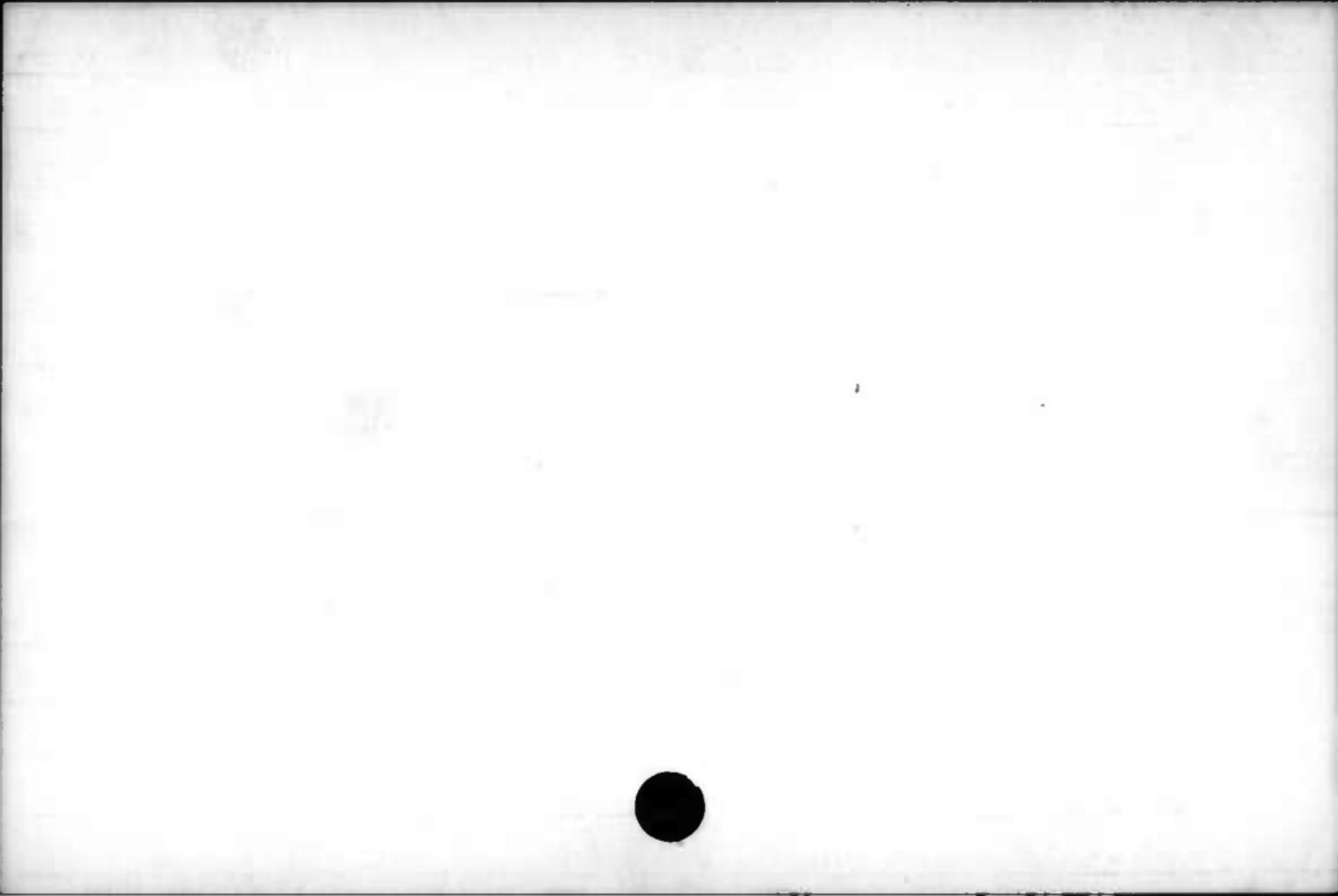
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

St Patrick Bury

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Date of death 1903	Month 8	Day 14	Age 12	Years	Months Days
Sex	Color or Race	Birth-place			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	qas	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?		



Name
in
Full

William T. Mansfield

CERTIFICATE OF DEATH

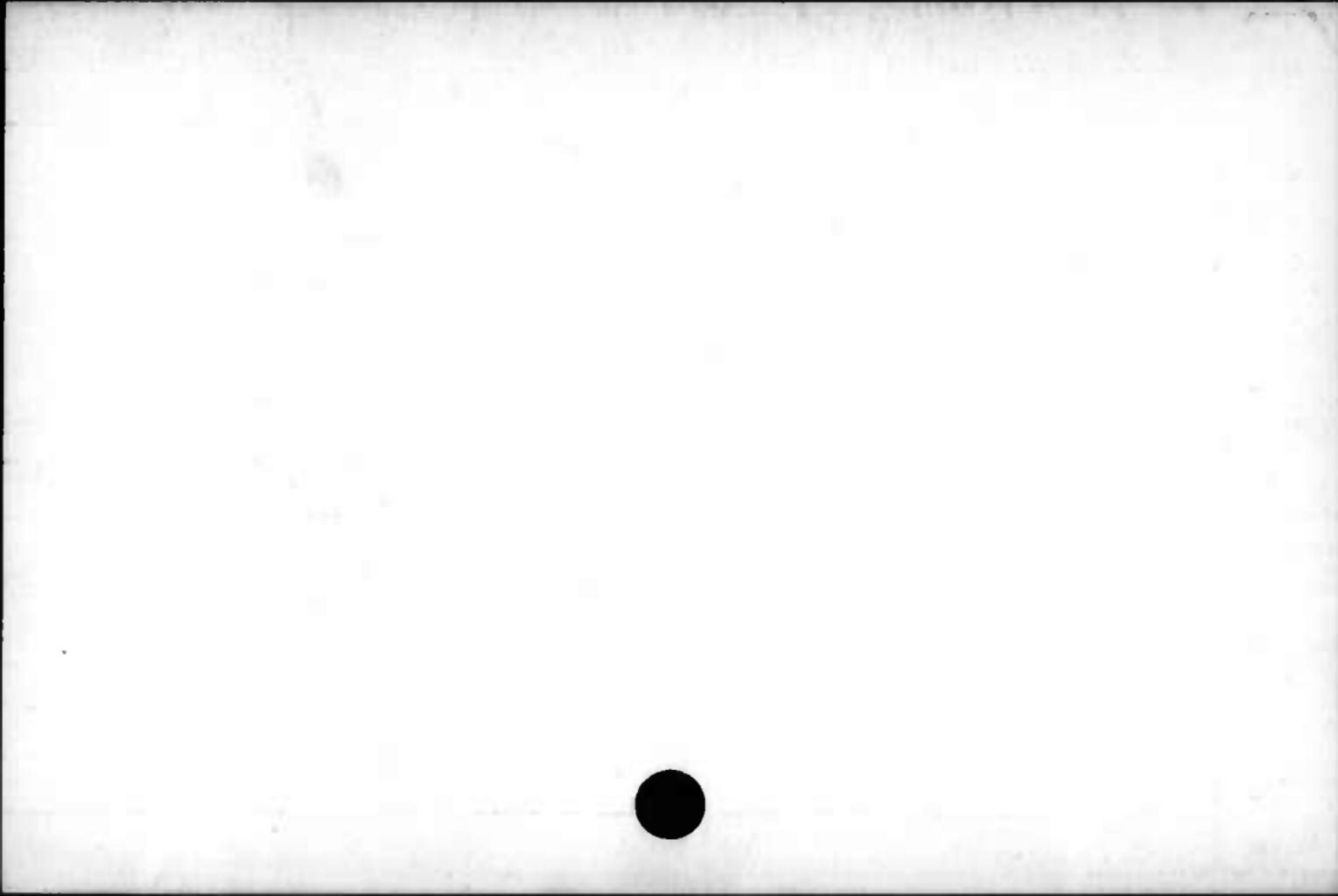
To BE ANSWERED BY
NEAREST FRIEND

Town	Died at Westernport		County	allegany			
Date of death 1903	Month 8	Day 15	Age 38	Years 3	Months 3	Days 15	
Sex Male	Color or Race White	Birth- place allegany Co.					
Married, Single or Widowed Married	Occupation R R Watchman						
Name of Wife or Husband							
Father's Name Patrick Mansfield			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving Information Mansfield			How related to deceased wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary adrenos, drasangoy	How long 4 years
Immediate espanabin	How long 3 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician j B Shugan
	Address Westernport
Accident or Suicide?	Not



Name
in
Full

Vincenzo Marrocco

CERTIFICATE OF DEATH

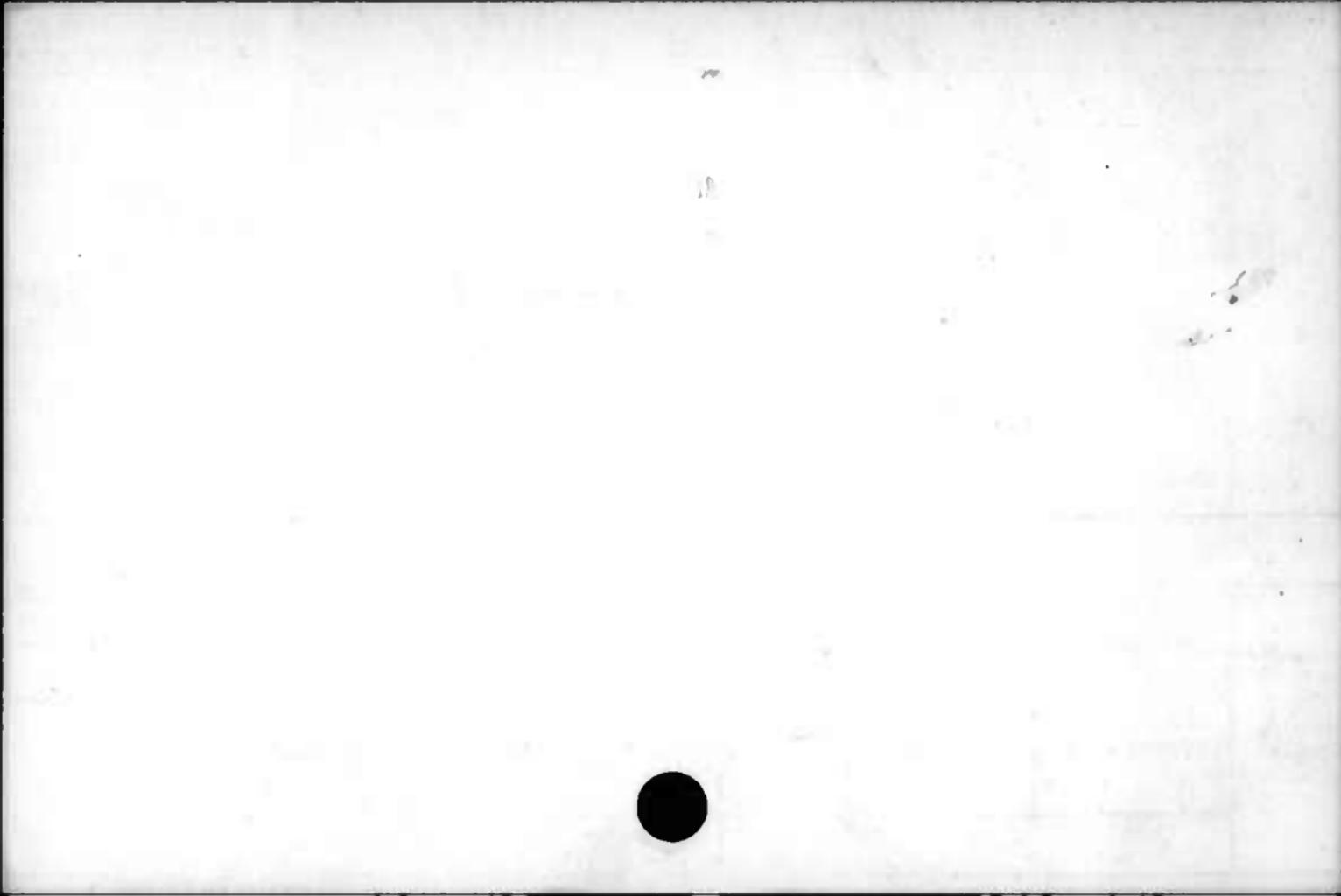
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Italian	Birth-place	Italy	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Westernport Md			
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever		How long	3 days
Immediate	Heart failure		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	B. G. Mueller	
		Address	Cumberland Md	
Accident or Suicide?				



Name
in
Full

G. H. Michaels

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Age	Years	Months Days
Sex	Color or Race	Occupation	Birth-place		
Married, Single or Widowed		Rail Road Conductor			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hepatitis	65	How long	3 days
Immediate	Exhaustion	910	How long	3 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?				



Name
in
Full

infant John Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Cumberland	Allegheny	
Date of death 1903	Month 8	Day 2	Years —
Sex Male	Color or Race White	Birth-place Cumbld	Months — Days 1 -
Married, Single or Widowed	Occupation		
Name of Wife or Husband			
Father's Name	John Miller	Father's Birthplace	—
Mother's Maiden Name	Hoffman	Mother's Birthplace	—
Name of person giving information	John Miller	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Asphyxiation	15	How long
Immediate	Asphyxiation	4 yrs	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
St Peter's Paups.	Address		
Accident or Suicide?	Johnson McDonald Cumberland, Md.		



Name
in
Full

Mellinire

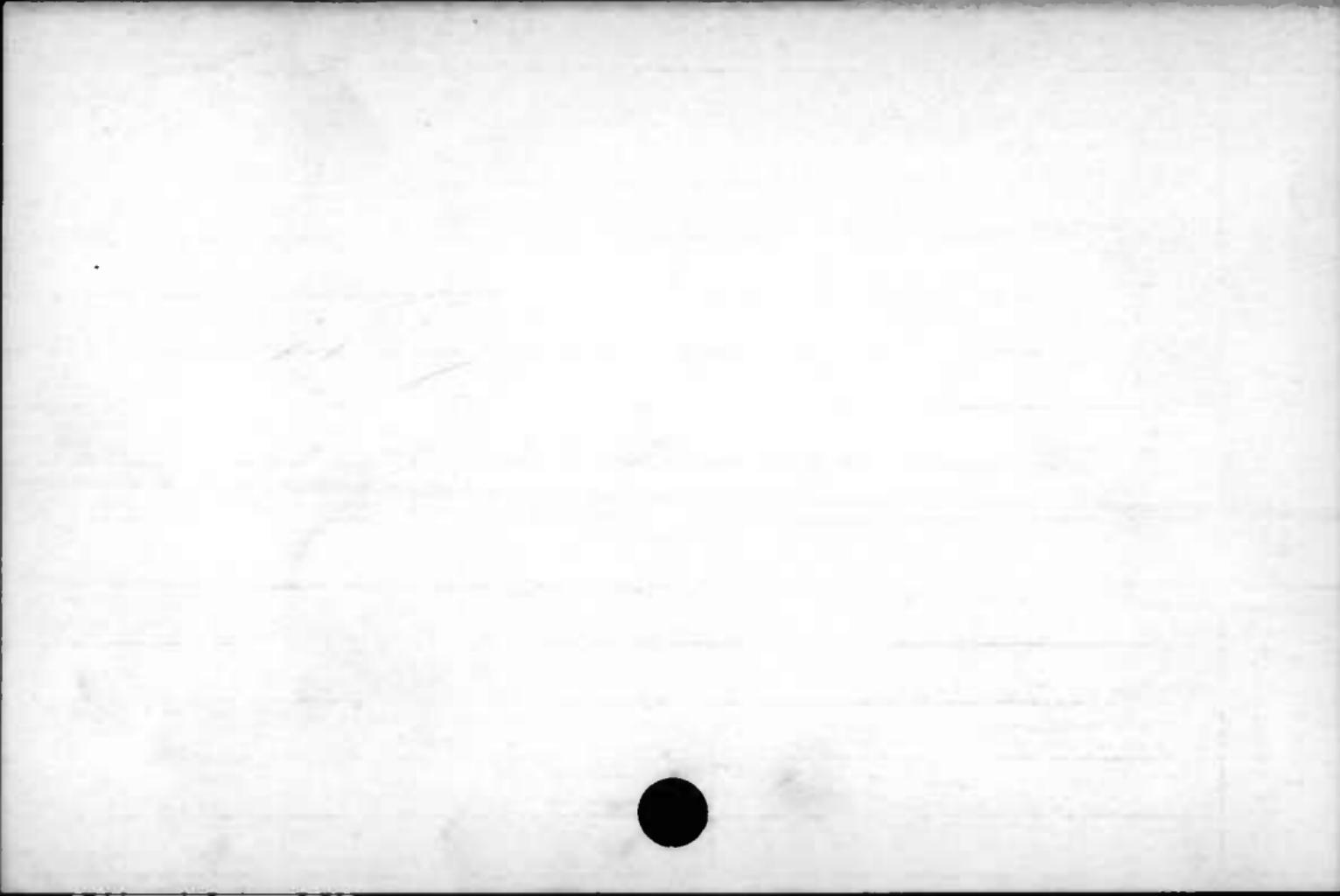
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Towson	County	MARYLAND			
Date of death 1903	Month Aug	Day 11	Years	Months	Days	
Age 3 months			24			
Sex Female	Color or Race white	Birth-place New York				
Married, Single or Widowed Single	Occupation dress					
Name of Wife or Husband -						
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information			How related to deceased			

CAUSES OF DEATH

Primary	acute meningitis	How long	2 days
Immediate	Convulsions	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	J. W. McDonald	
St. Patrick's	Address	Lancaster Avenue	
Accident or Suicide?			



John Morgan

Town

County

MARYLAND

Died at

Cumberland.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1963

*Aug 11**31*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

John Morgan Augusta McCormick

Cause of

Primary

Melastomia

How long sick

2 mo.

Death

Immediate

5 days

Accident, Suicide, Homicide

Reported by

E. B. Blaylock M.D. 151

Address

Oneida Lane

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Spawning 21

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 190 2	Month 4	Day 1	Age 33	Years	Months	Days
Sex	Color or Race			Birth- place		
Occupation		Where Residing if not at place of death				
Married, Single or Widowed	Name or Wife or Husband					
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving Information						How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?		



Name
in
Full

Child of Mr. Muller

CERTIFICATE OF DEATH

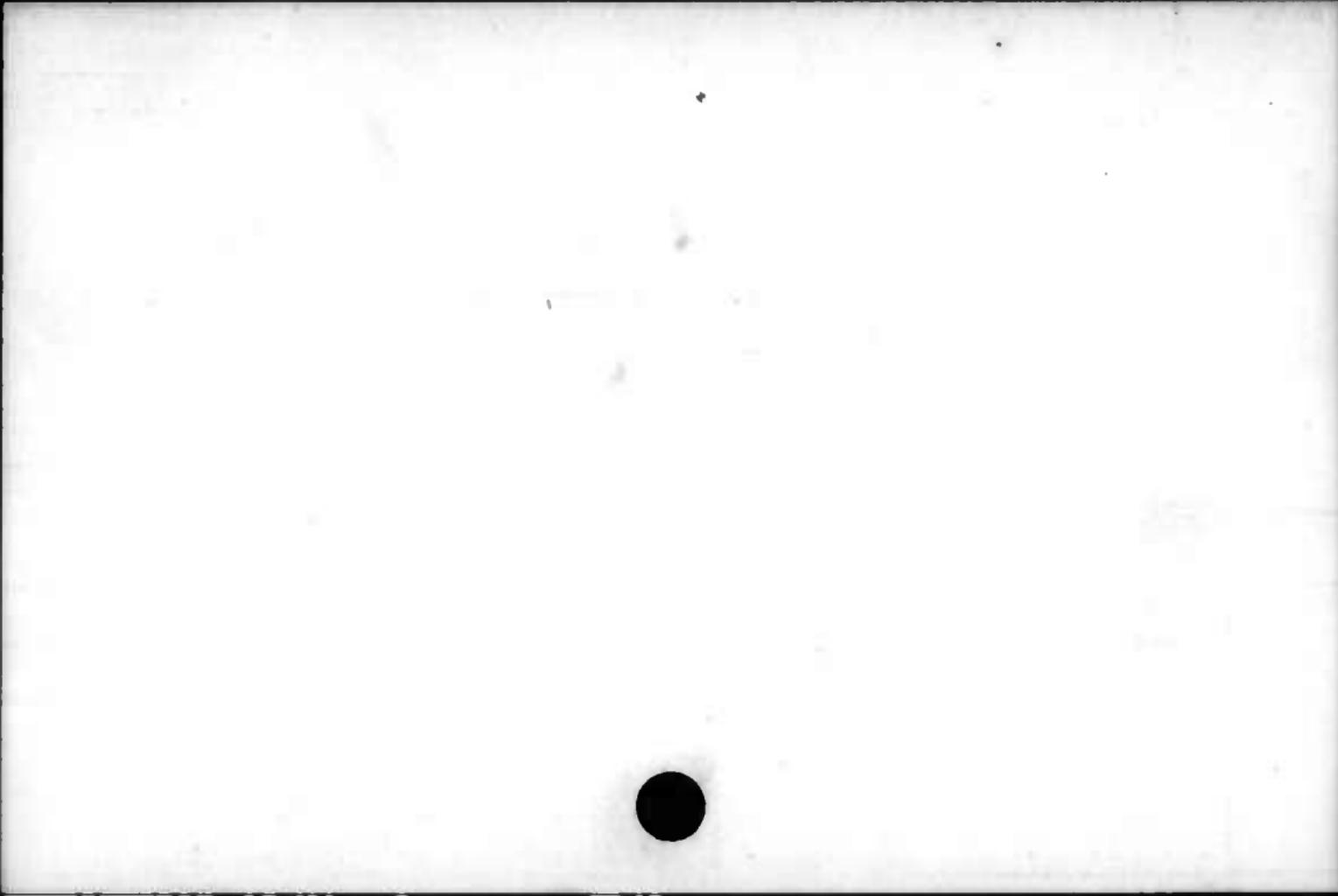
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months
of 1903	8	16	6
Age	—	—	Days
Sex	Male	Color or Race	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	John W. Muller		
Mother's Maiden Name			
Name of person giving information	H		
	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Injurious Convulsions	How long
Immediate	—	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	W.W. Muller Keweenaw M.	



Name
in
Full

Mary Jane Nelson

CERTIFICATE OF DEATH

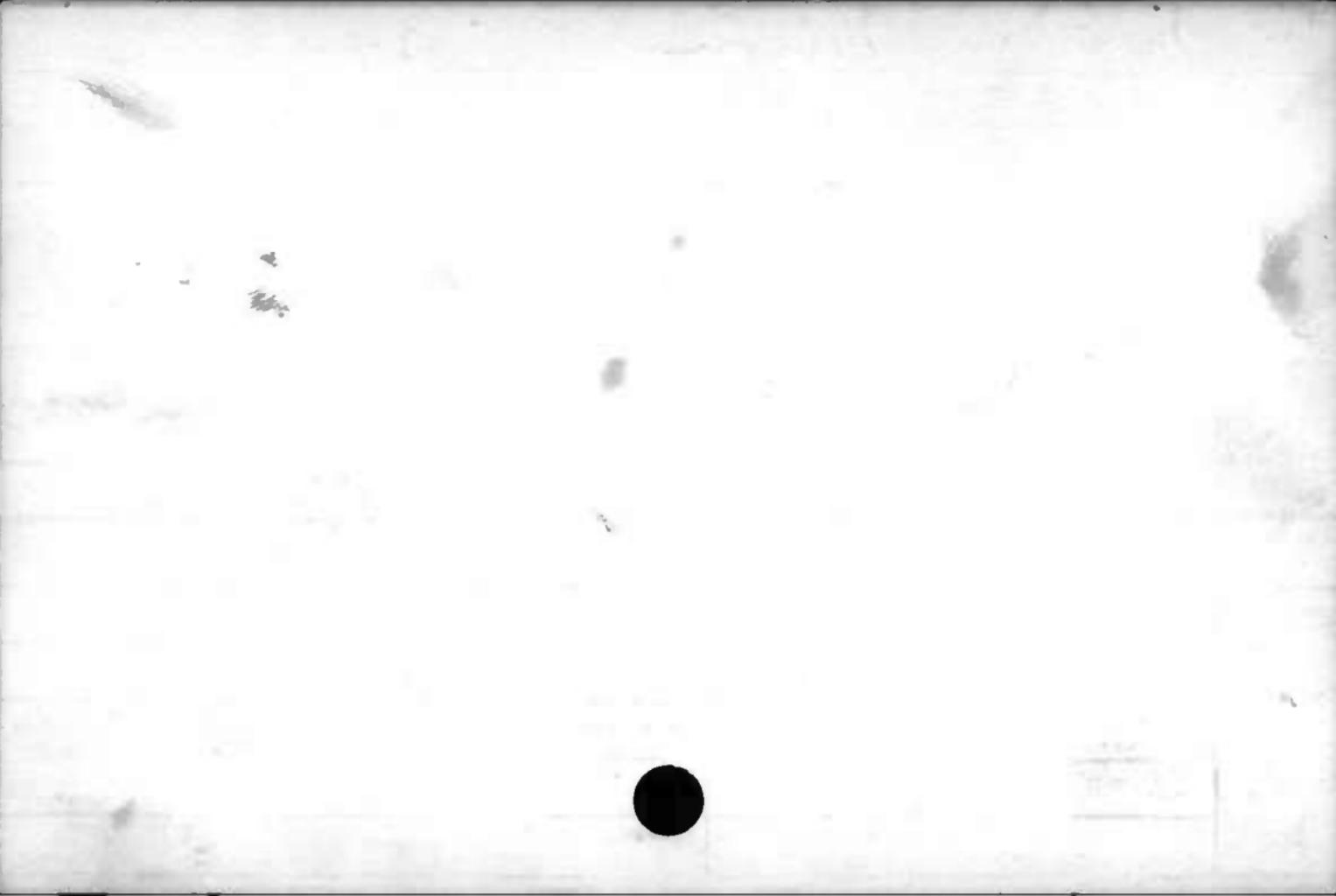
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	64	1	15
Married, Single or Widowed	Occupation	Birth- place	Allegany Col.		
Name of Wife or Husband	Married Housewife				
Father's Name	Andrew Wilson				
Mother's Maiden Name	Josiah Porter				
Name of person giving Information	Sarah Porter				
	Isaac Porter				
	Son-in-law				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility & pneumonia		How long	5 Mois
Immediate	Hypostatic Congestion of 3 weeks		How long	time
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. C. Cobey	
		Address	Frostburg Md	
Accident or Suicide?	No			



Name in Full

Certificate of Death

Conrad J. Minkel

Town

County

Died at

Frederick

MARYLAND

Month Day

Y. M. D.

Native of

Date 1903 Aug 16

Age

Germany

Occupation

Male

White

Married

Widow

Understaker

~~Female~~~~Colored~~~~Single~~

Widower

~~Divorced~~

Number of children living

2

Husband of

Yes

Wife

Father's Name

Conrad J. Minkel

Mother's

Maiden Name

Cause of Death

Primary

Pneumonia - Deterioration

How long sick

28 hours

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Dr. Griffith

93.

Address

Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Tex-

County

MARYLAND

Date
of death 190

Month

Day

Years

Months

Days

Cyrus Ord
fronton Allegany

Sex

Mast

Color or
Race

Age

Birth-
placeMarried, Single
or Widowed

Occupation

Germany

Name of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
InformationFather's
BirthplaceMother's
BirthplaceHow related
to deceased

Morris Clever

Lancaster

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile debility

How long

every year

Immediate

Partial paralytic

How long

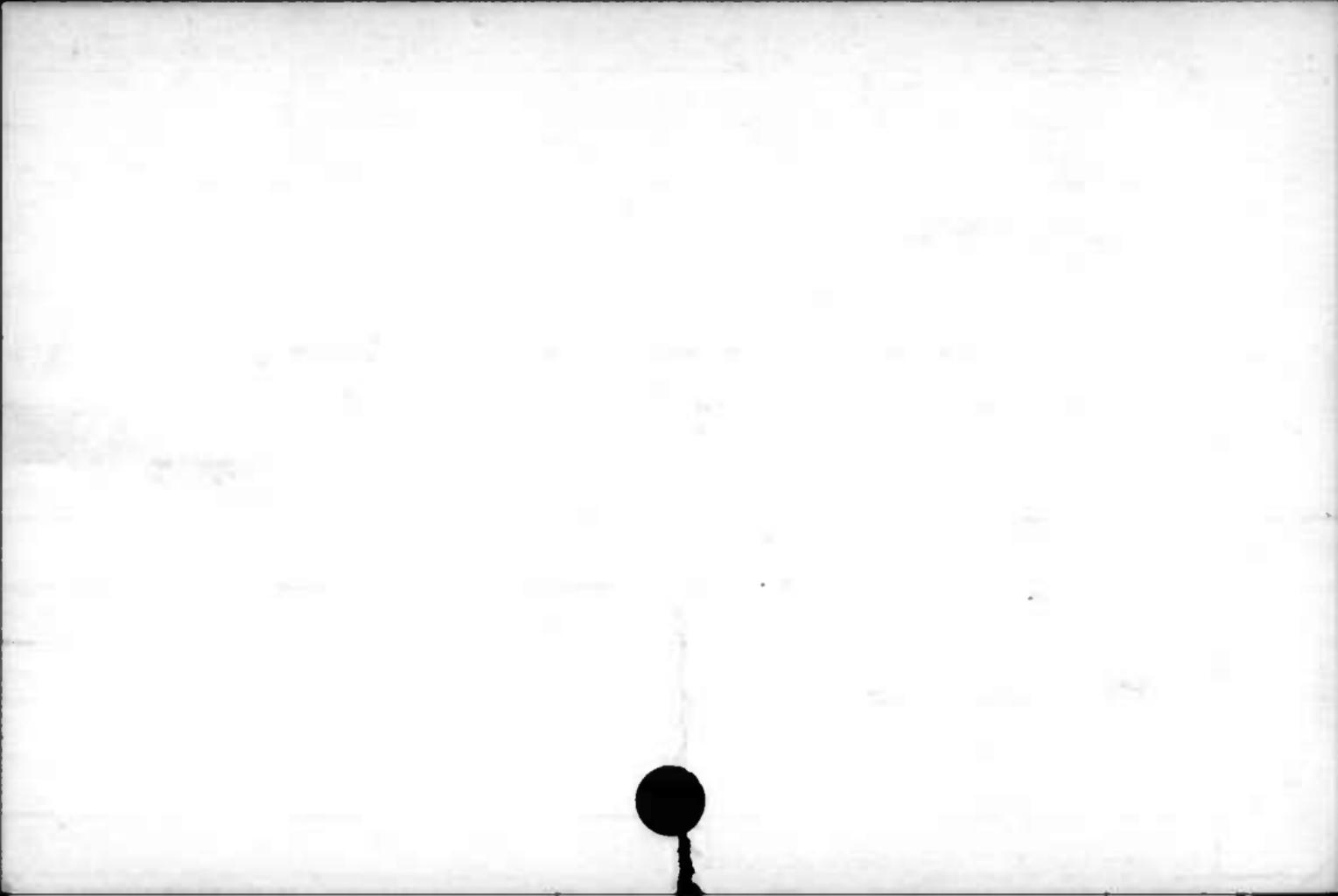
15 mos

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. C. Clever
Frontonfield

Accident or Suicide?



Name
in
Full

Laura Patterson

CERTIFICATE OF DEATH

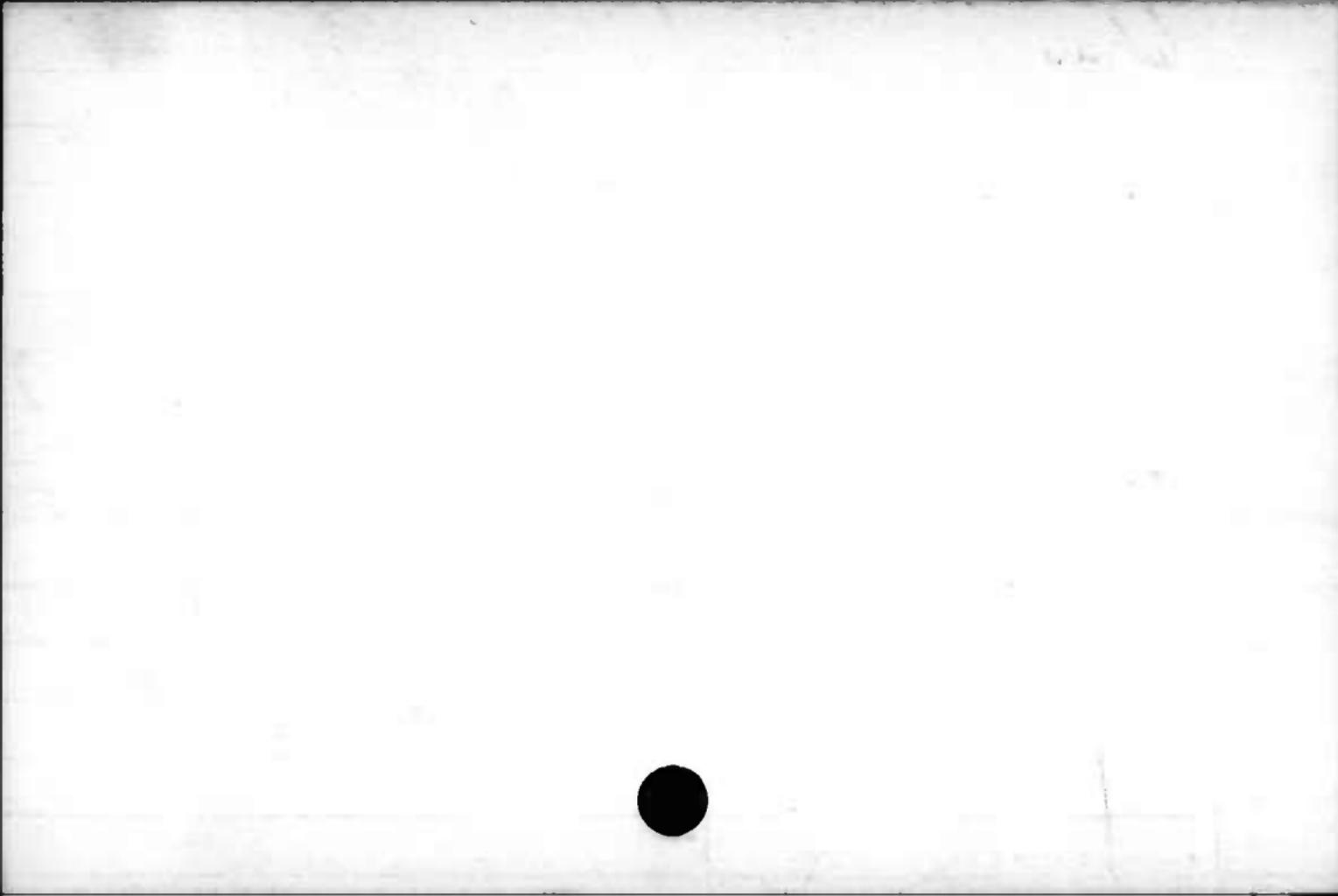
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Month	Day	Years	Months	Days
Date of death 1903	8	10	5		
Sex	Color or Race	Age	Birth-place		
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Joe Patterson		Father's Birthplace	Scotland	
Mother's Maiden Name	Annie Patterson		Mother's Birthplace	America	
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria	as	How long	Week
Immediate	Serous Failure		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	F.L. Chynes	
		Address	Midlothian	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 5	Day 8	Age 9	Years	Months
Sex	Color or Race	1908	Birth- place		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving Information					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Accident or Suicide?		



Name
in
Full

Mary Patterson

CERTIFICATE OF DEATH

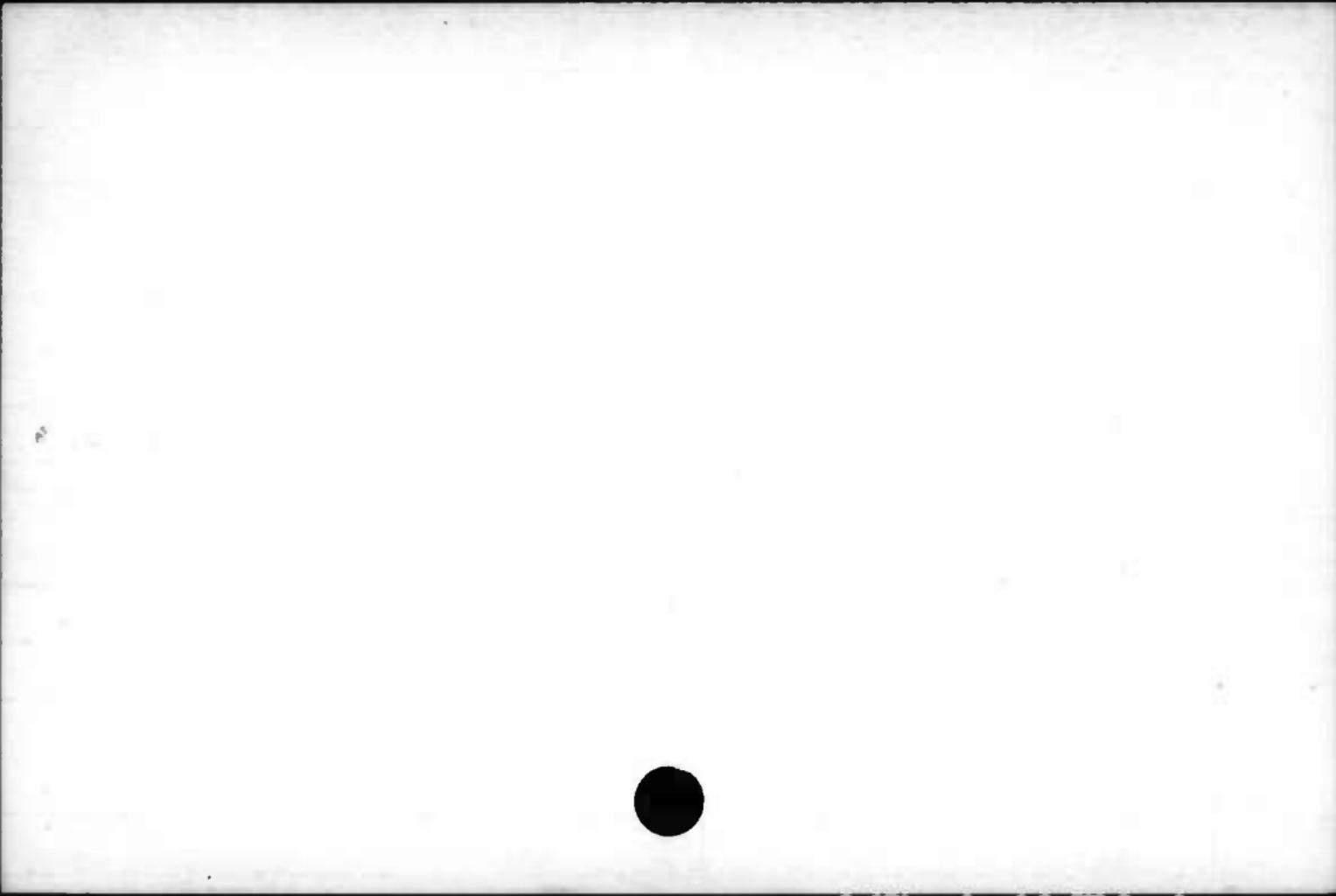
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 8	Day 10	Years	Months	Days
Age					
Sex Female	Color or Race White	Birth- place Midlothian			
Married, Single or Widowed Single	Occupation m				
Name of Wife or Husband					
Father's Name Tos Patterson	Father's Birthplace Scotland				
Mother's Maiden Name Annie Patterson	Mother's Birthplace America				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Diphtheria ac	How long 3 days
Immediate Croup	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician F. L. Clyne Address Midlothian
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Boston	Town	County	MARYLAND		
Date of death 1903	Aug	Month Day	Age 61	Years	Months	Days
Sex	Male	Color or Race	Birth-place Mt Savage			
Married, Single or Widowed	Married	Occupation	Laborer.			
Name of Wife or Husband	Agnes Davis					
Father's Name	Thomas Percy					
Mother's Maiden Name	Agnes Wifir					
Name of person giving Information	Mrs. David Percy					
CAUSES OF DEATH						
Primary	Fractured body mangled under cars					
Immediate	Shock					
How long Distantly						
How long Distantly						
Signature of Physician J.D. Skilling, Jr.						
Address 24acresing.						

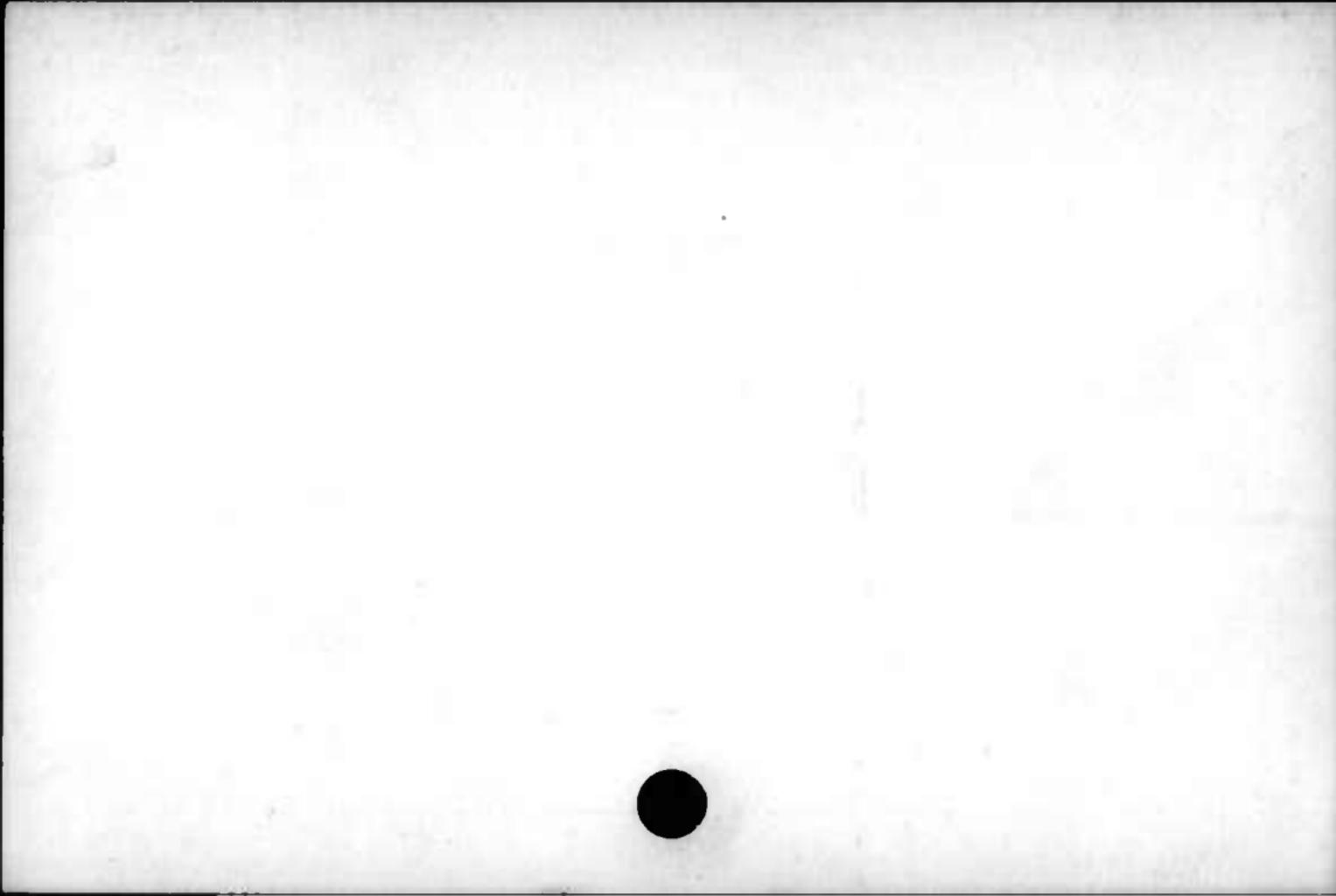
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
In
Full

John Pickford

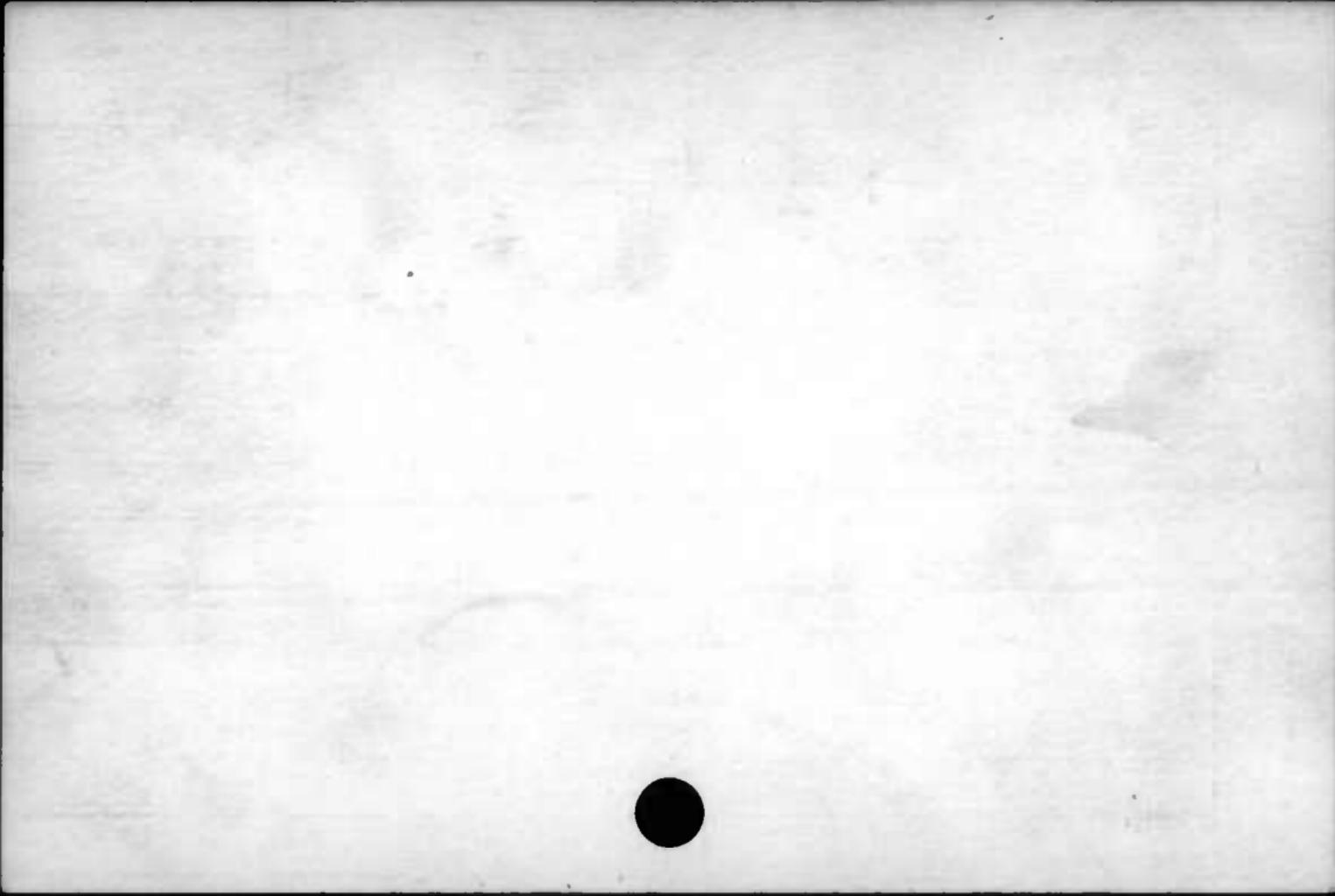
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month Aug	Years 63	Months
Sex Male	Color or Race White	Birth-place England	Days
Married, Single or Widowed	Occupation Shoemaker		
Name of Wife or Husband	Jane Pickford		
Father's Name	Kid Pickford	Father's Birthplace	England
Mother's Maiden Name		Mother's Birthplace	England
Name of person giving information	Wife	How related to deceased	Wife
CAUSES OF DEATH			

PHYSICIAN
OR CORONER

Primary	Dont know		How long 8 or 10 hours
Immediate	Dont know		How long 6 or 10 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address	
yrs		E. H. Hanson Piedmont W. Va.	
Accident or Suicide?		No	



Name
in
Full

Joseph C. Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month August	Day 3	Years 58	Months 4	Days 16
Sex Male	Color or Race White	Occupation Saloon Keeper	Birth-place Mt Savage Md		
Married, Single or Widowed Widower	Amanda Pugh			Father's Birthplace Maryland	Mother's Birthplace Mt Savage Md
Name of Wife or Husband	George Porter			How related to deceased Brother	
Father's Name	Margaret Porter				
Mother's Maiden Name	Henry Porter				
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis 120

How long

6 1/2 mos.

Immediate

Uraemia

How long

3 days -

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

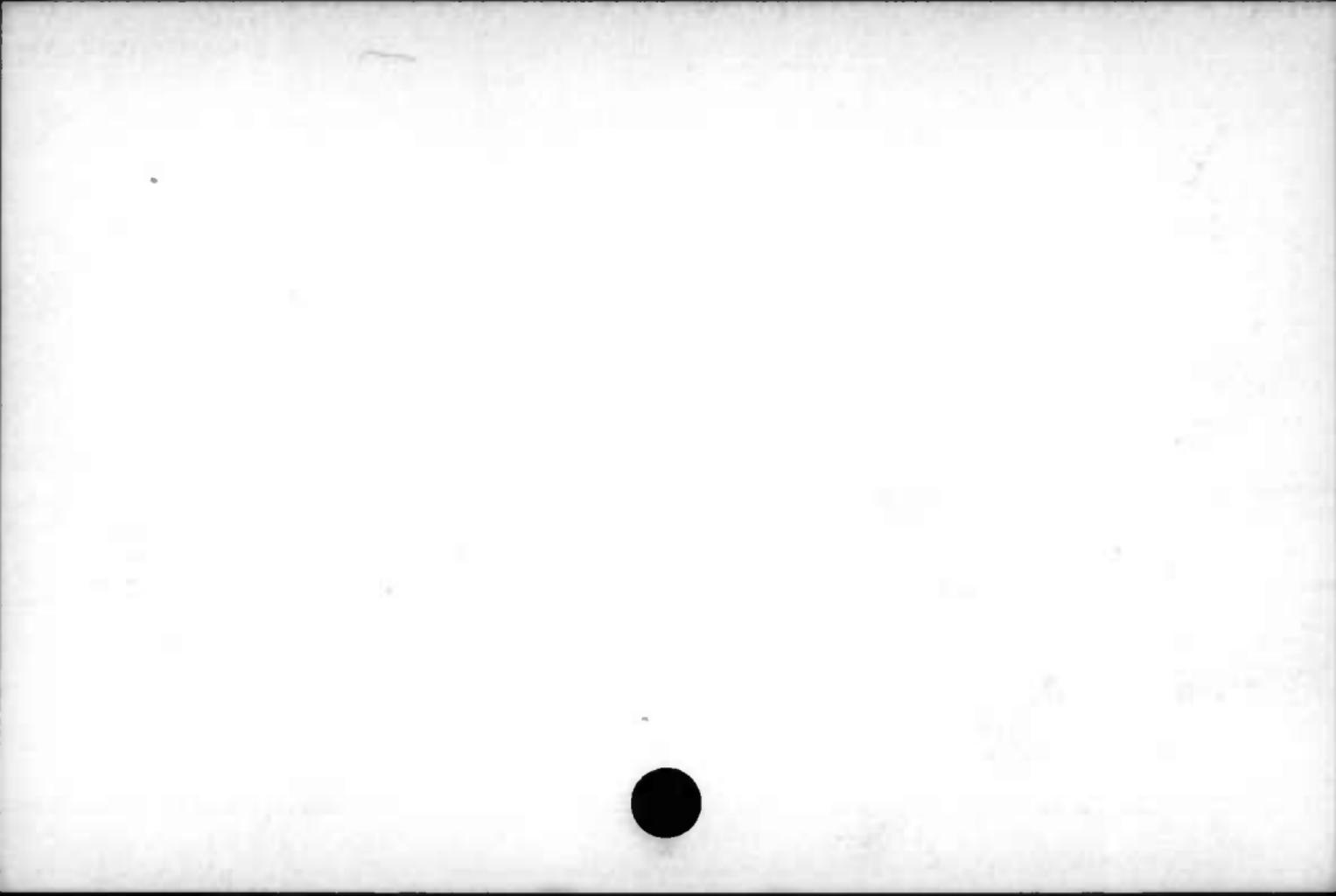
Address

M. C. Porter

Elm Avenue Md

Accident or Suicide?

No

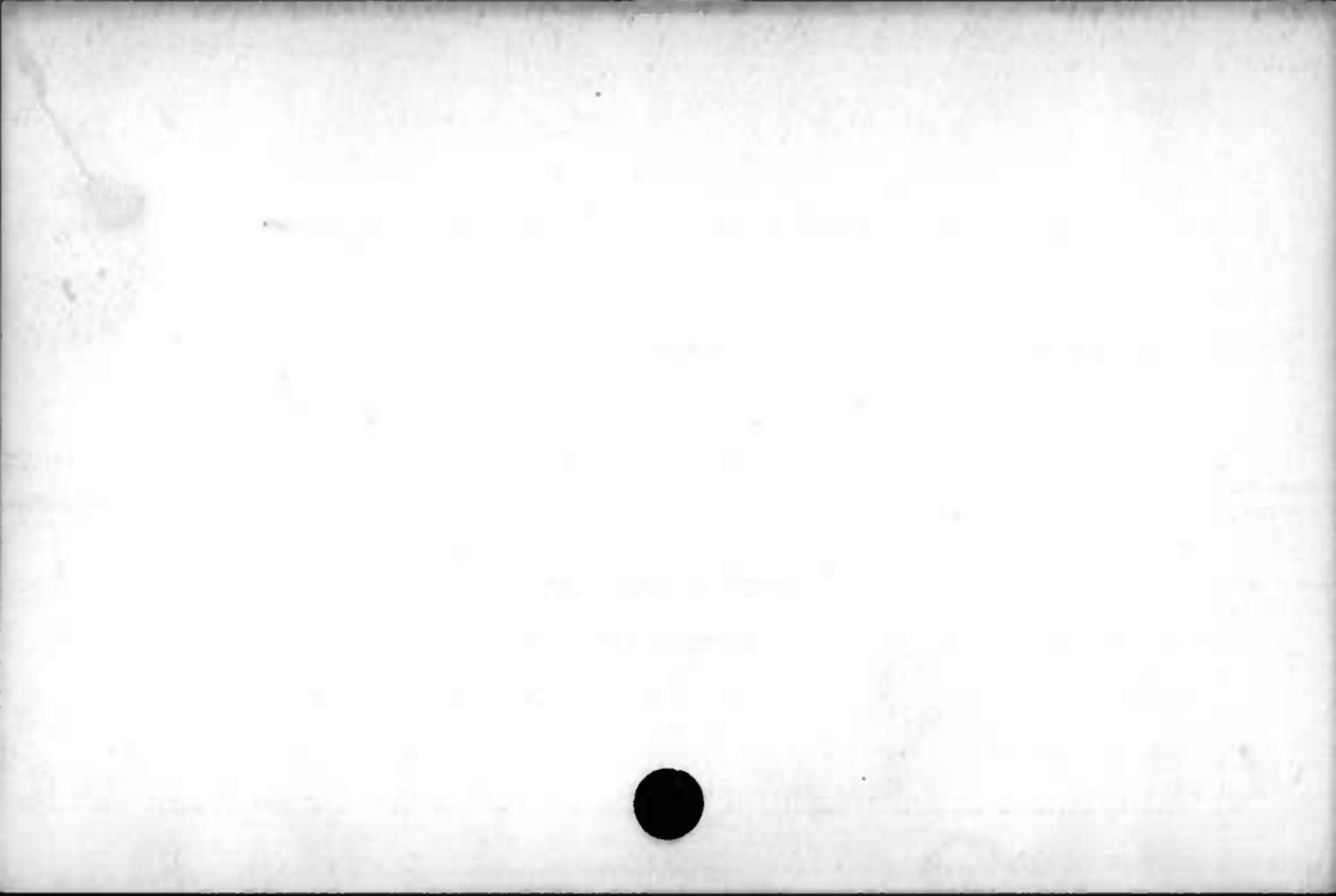


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jesse Powell				CERTIFICATE OF DEATH				
Died at		Town	Allegany		County			
Date of death	1903	Month Aug	Day 28	Age 10	Years 1	Months 11	Days 14	
Sex	Male	Color or Race	White	Birth-place Sonacoming				
Married, Single or Widowed		Engaged		Occupation				
Name of Wife or Husband								
Father's Name		W. W. Powell		Father's Birthplace Sonacoming				
Mother's Maiden Name		Cosushine White		Mother's Birthplace Newberg				
Name of person giving information		W. W. W. Powell		How related to deceased Mother				
CAUSES OF DEATH								
Primary	Enteritis				How long + days			
Immediate	106				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician		M. J. Porter			
Address		Sonacoming, Md.						
Accident or Suicide?		No						



Name in Full

Certificate of Death

John Price

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y. M. D.

Native of

Male

White

Age
Married

65-11

England

Female

Colored

Single

Widow

Widower

Divorced

Occupation

Retired

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Front Street

attorney

Must be signed by physician, if any in attendance, otherwise

by undertaker or minister.



Name in Full

Certificate of Death

Willie Price

Town

County

Died at

MARYLAND

Date 1903 Aug 25

Month Day

Y. M. D.

Native of

Occupation

Age

-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

John Price

Mother's

Maiden Name

Cause of

Primary

Diseased with Pleurisy

How long sick

Death

Immediate

Diseased

101

Accident, Suicide, Homicide

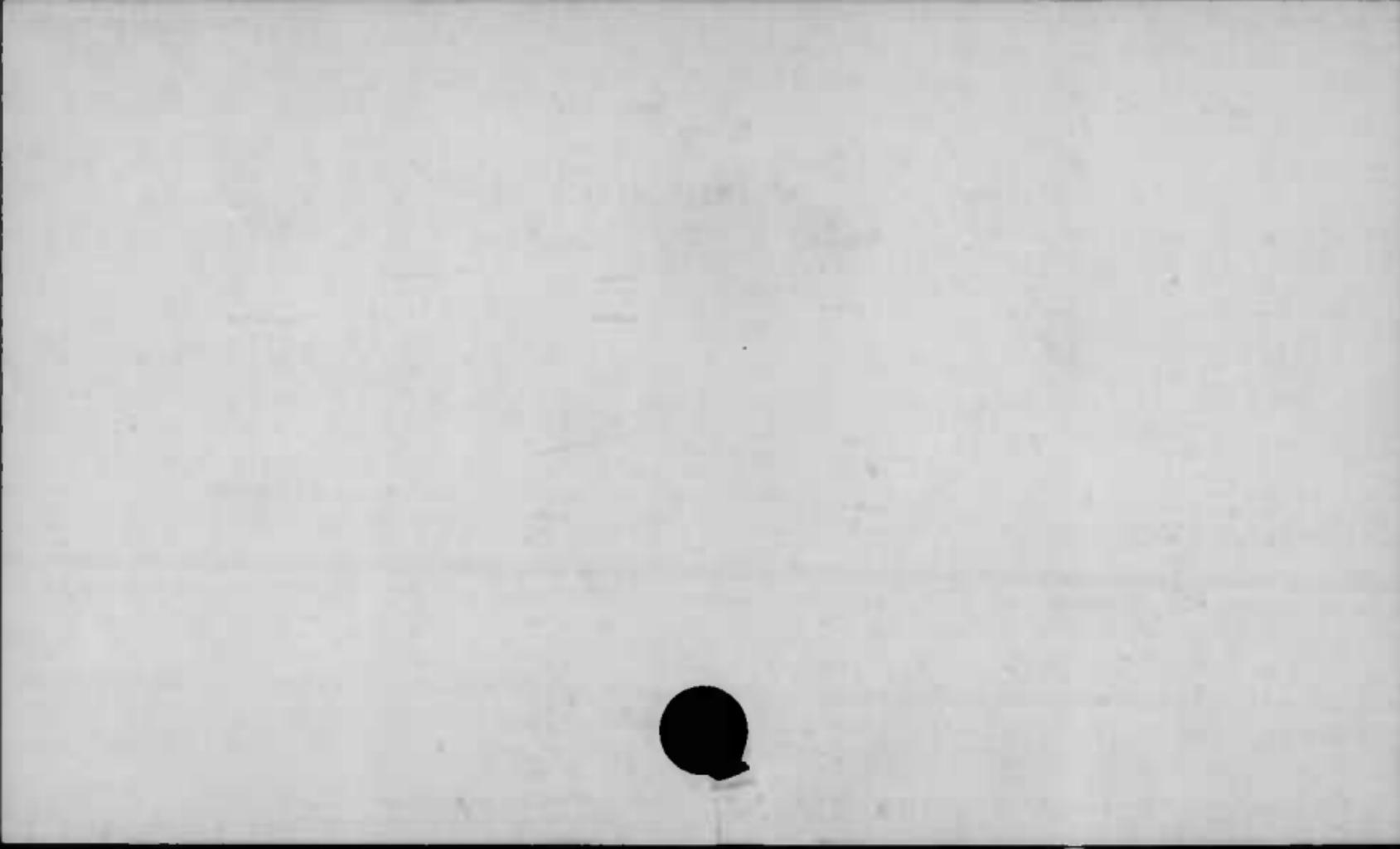
Reported by

W. S. Driscoll M.D.

Address

Cumberland MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Chas Reddley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Cumberland Allegany						
Date of death 1903	Month	Day	Years	Months	Days	
	Aug	4	Age 65	11	20	
Sex male	Color or Race white	Birth-place				
Married, Single or Widowed married	Occupation					
Name of Wife or Husband						
Father's Name	190					Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving Information	J. R. Reddley					How related to deceased son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic nephritis	How long 10 yrs
Immediate	Perseveria	How long 5 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician E. Blodgwood
		Address Cumberland Md
Accident or Suicide?		



Name
in
Full

Paul Ritter

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Emmcd

Town

County

Accesway

MARYLAND

Date of death

1903

Month

8

Day

12

Years

63

Months

"

Days

"

Sex male

Color or Race

White

Birth-place

Germany

Occupation

merchant

Where Residing if not
at place of death

Emmcd

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving
Information

How related
to deceased

Louis Stein

son

CAUSES OF DEATH

Primary

Arterial Hemorrhage

How long

3 days

Immediate

ed

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

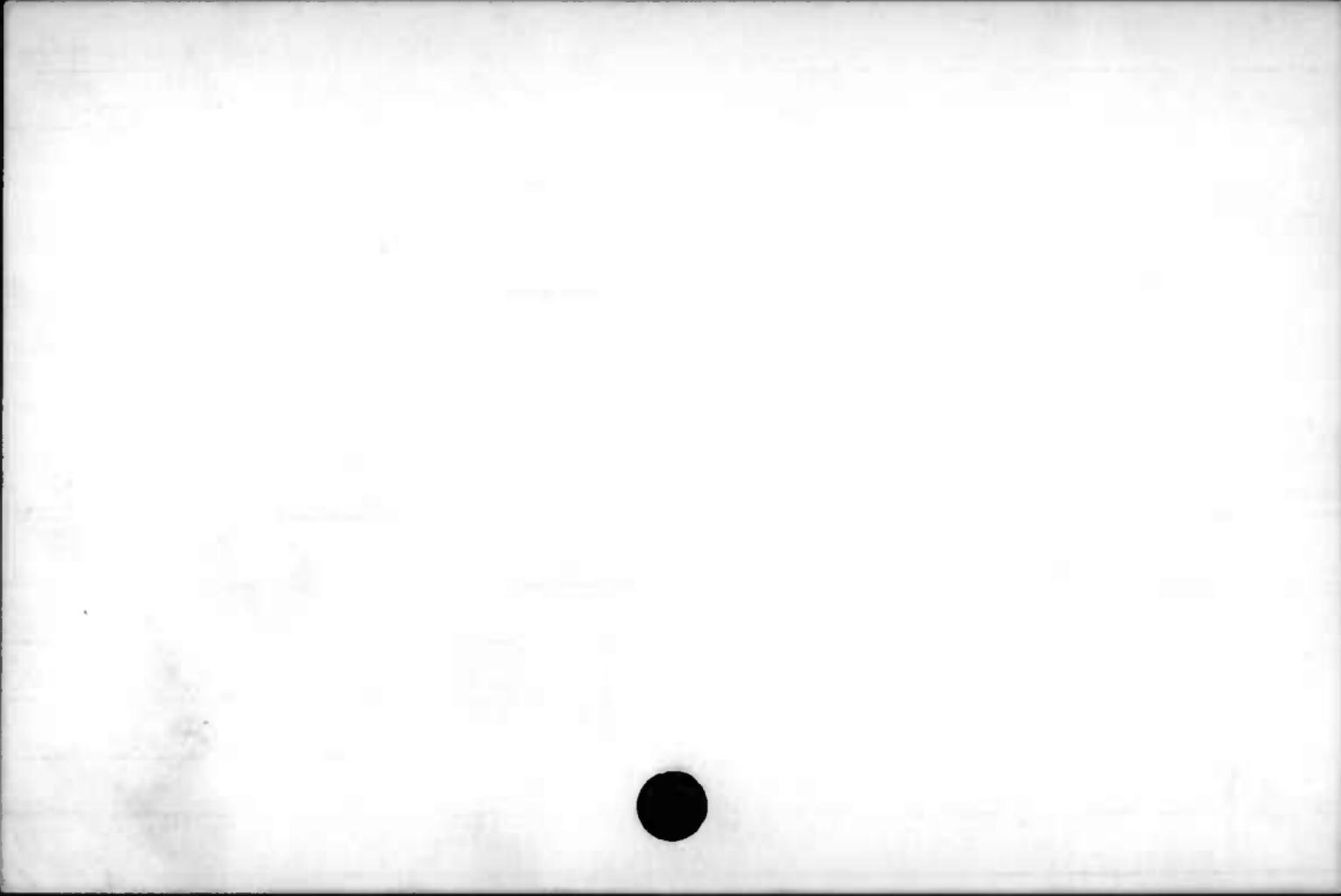
Address

R.W.McL.

Baltimore Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Edward Lorraine					CERTIFICATE OF DEATH		
Died at	Town	County			MARYLAND		
Date of death 1903	Month Aug	Day 21	Age 29	Years	Months	Days	
Sex Male	Color or Race White	Birth-place: Monacッシng					
Married, Single or Widowed Single	Occupation: Farmer						
Name of Wife or Husband							
Father's Name Michael Lorraine	Father's Birthplace: Monacissing						
Mother's Maiden Name Margaret	Mother's Birthplace: Monacissing						
Name of person giving information Michael Lorraine	How related to deceased: Father						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Septicemia 80

How long 7 days

Immediate

Septic Meningitis

How long 3 days

Are the name, age, sex, color, date and place correctly given above?

918

Signature of Physician
W. D. Skillings

Address

Accident or Suicide?

Accident (?)



Name in Full

Certificate of Death

Child of Brent Smallwood
 Town County
 Cumld. Allegany MARYLAND

Died at

Cumld.

Allegany

MARYLAND

Date 1963

Aug. 6

Y. M. D.

Native of

Occupation

Month Day

Age

7 wks

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

B. Smallwood

Mother's

Maiden Name

Cause of

Primary

Enteric colitis

How long sick

1 week

Death

Immediate

Spasms

Accident, Suicide, Homicide

Reported by

At Brae

105

Address

Cumldmt

Brae

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

33 Md. Ave.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

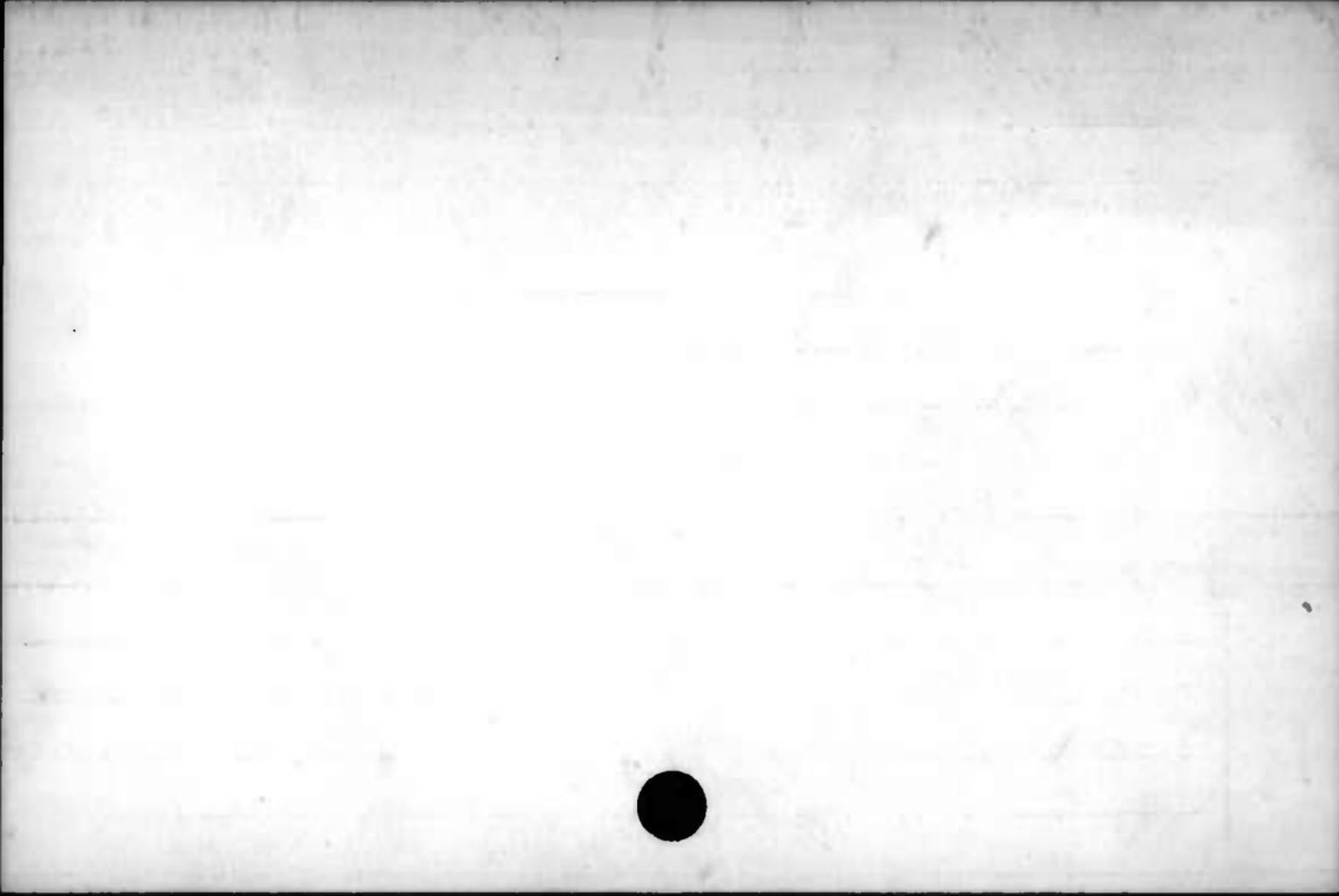
Bernard Srankhouse.

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Baltimore.	Allegany.				
Date of death	Month	Day	Years	Months	Days
1903	8	25	Age 10 -	-	-
Sex	male	Color or Race	white	Birth-place	Baltimore
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Michael Srankhouse.				
Mother's Maiden Name					
Name of person giving information	How related to deceased				

CAUSES OF DEATH

Primary	Aer Cellulitis (graves)	How long	3 days
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address	
yrs		Dr. Wm. W. Murphy Baltimore, Md.	
Accident or Suicide?			



Name
in
Full

Mrs Smeltz

34

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Aug	Day 26	Years 83	Months —	Days 2
Sex Female	Color or Race White	Birth-place Germany			
Married, Single or Widowed Widow	Occupation ST.W.				
Name of Wife or Husband	Jenny Smeltz				
Father's Name	Germany				
Mother's Maiden Name	Germany				
Name of person giving information	Mrs Miller				
CAUSES OF DEATH					
Primary	Senility			How long	—
Immediate	151			How long	—

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

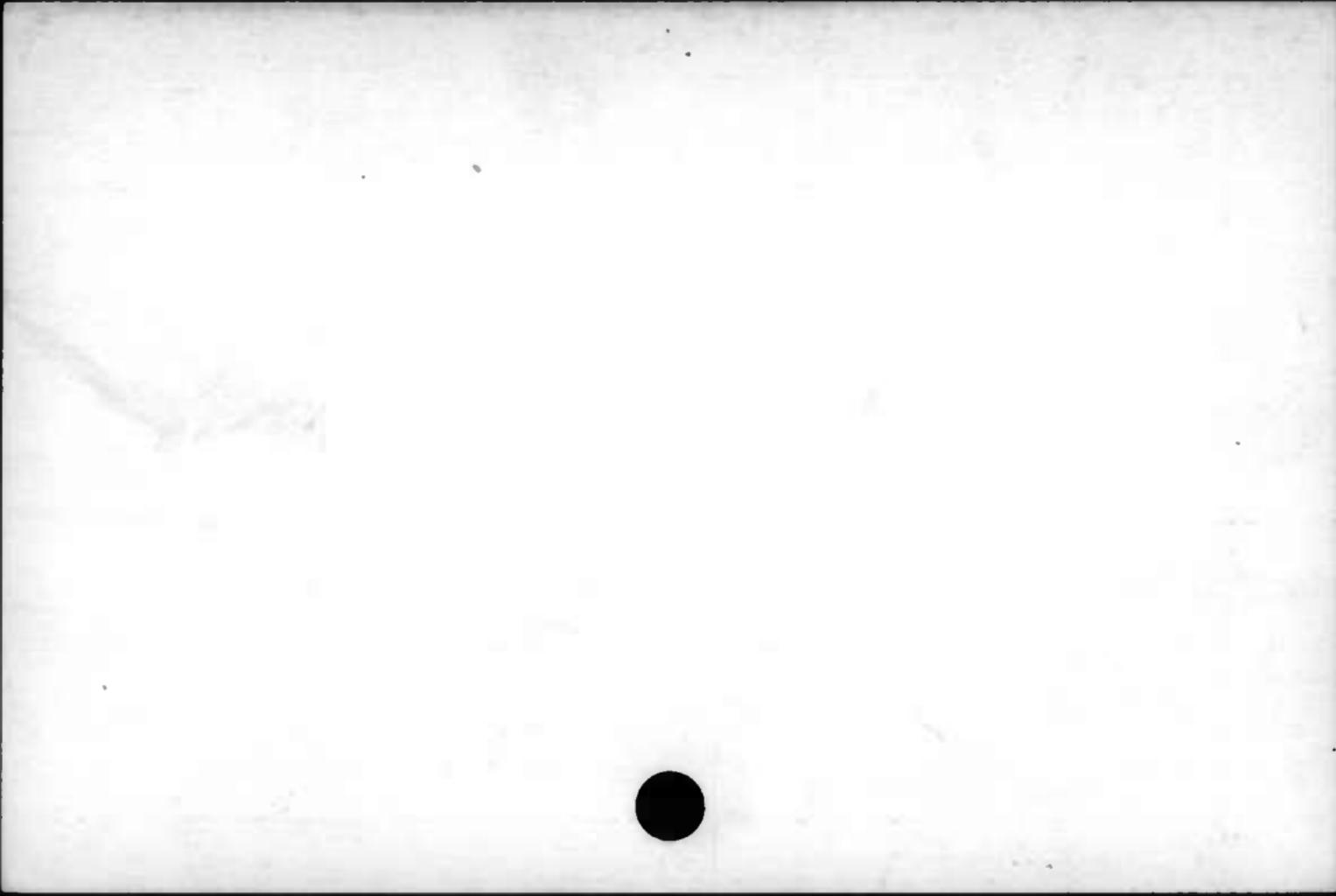
Signature of Physician

Thomas D. Maone,

Address

Frostburg

Accident or Suicide?



Name
in
Full

Sadie Smith

CERTIFICATE OF DEATH

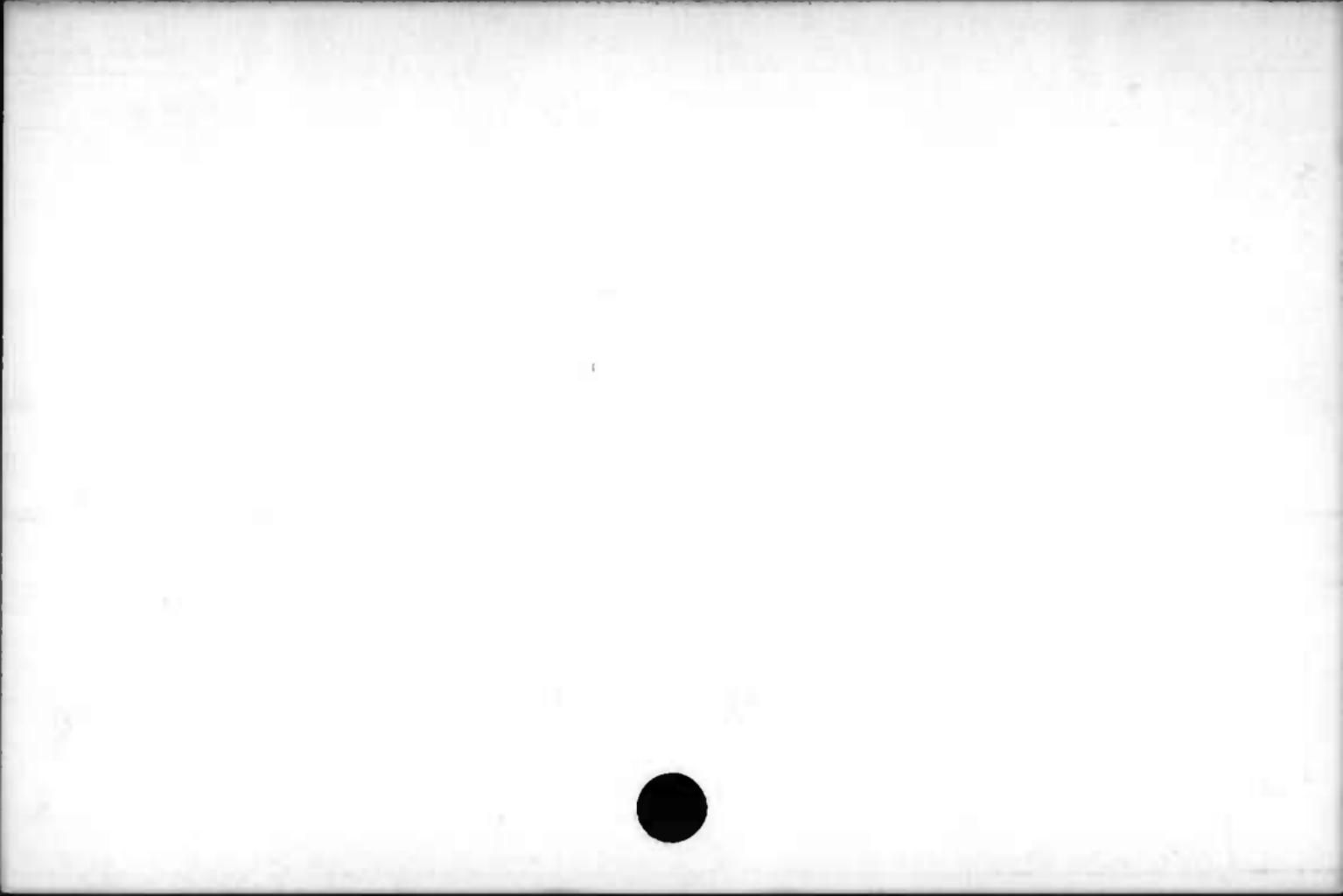
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	America	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Phillips Smith			Father's Birthplace	France	
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information	Mrs Smith			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria Gas	How long	1 week
Immediate	Expanstion	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. Jones Wilson
		Address	Cumberland
Accident or Suicide?			



Name
in
Full

Thomas Smith Sr

CERTIFICATE OF DEATH

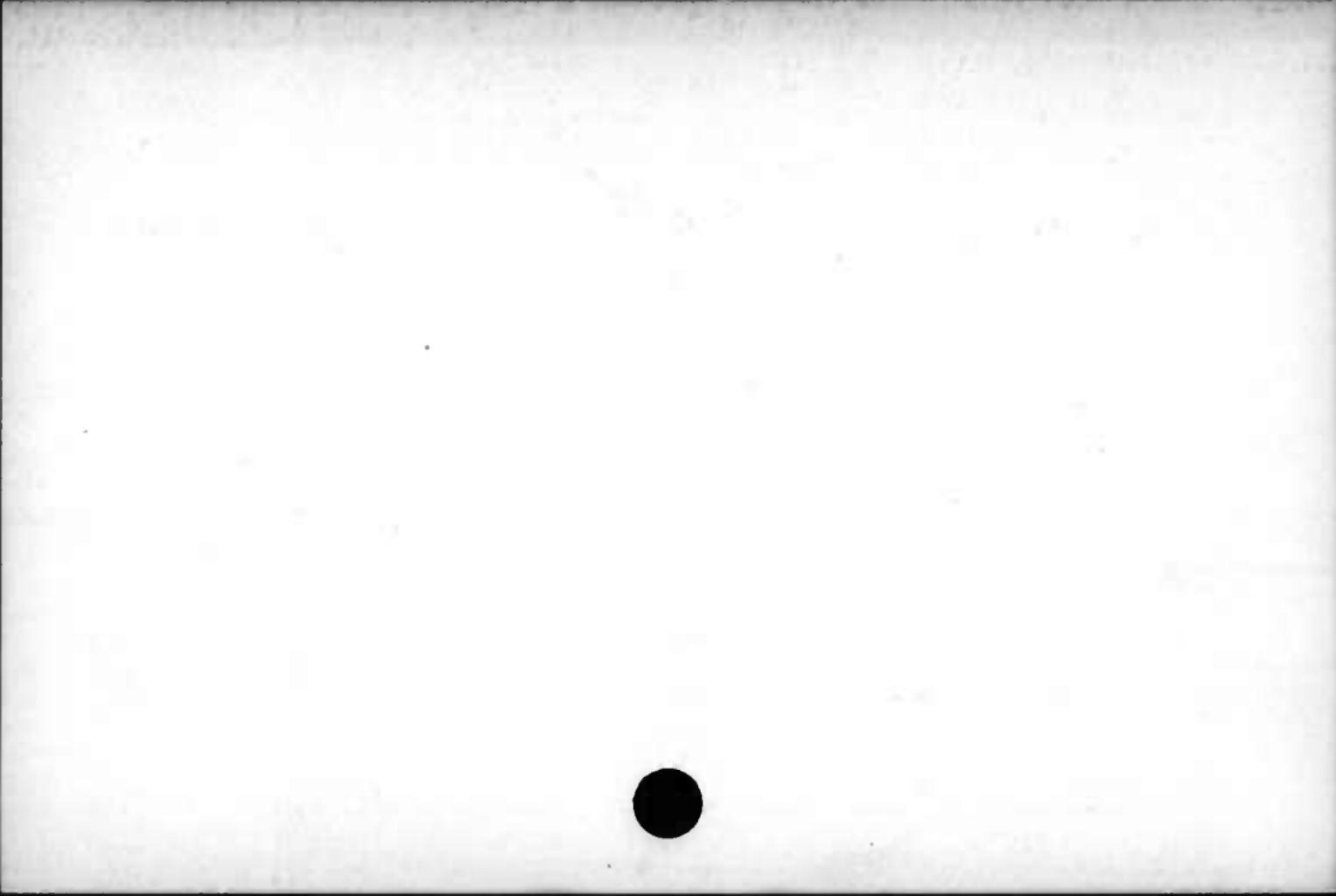
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	allegany	County	MARYLAND		
Date of death 1903	Month	5	Years	Months	Days	-
Sex	Male	Color or Race	White	Birth-place	Scotland.	
Married, Single or Widowed	Married	Occupation	Miner			
Name of Wife or Husband				Father's Birthplace	Scotland	
Father's Name	Thomas Smith			Mother's Birthplace	"	
Mother's Maiden Name	Rachel Wilson			How related to deceased	Wife	
Name of person giving information	Mrs. Jhn. Smith					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Polyoid Carcinoma (nasal)	How long	1 year
Immediate	E xhaustion	How long	Exh
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	M. Gibson Porter
		Address	Son acoming Md.
Accident or Suicide?	No -		



Allya Thomas

Town

County

Died at Cumberland

MARYLAND

Month Day

Y.

M. D.

Native of

Occupation

Date 19

Aug 9

Age 27

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

M A Thomas

Wife

Father's

Name

Jerry Reynolds

Mother's

Maiden Name

Cause of

Primary

Hepatitis

How long sick

2 years

Death

Immediate

Exhaustive

Accident, Suicide, Homicide

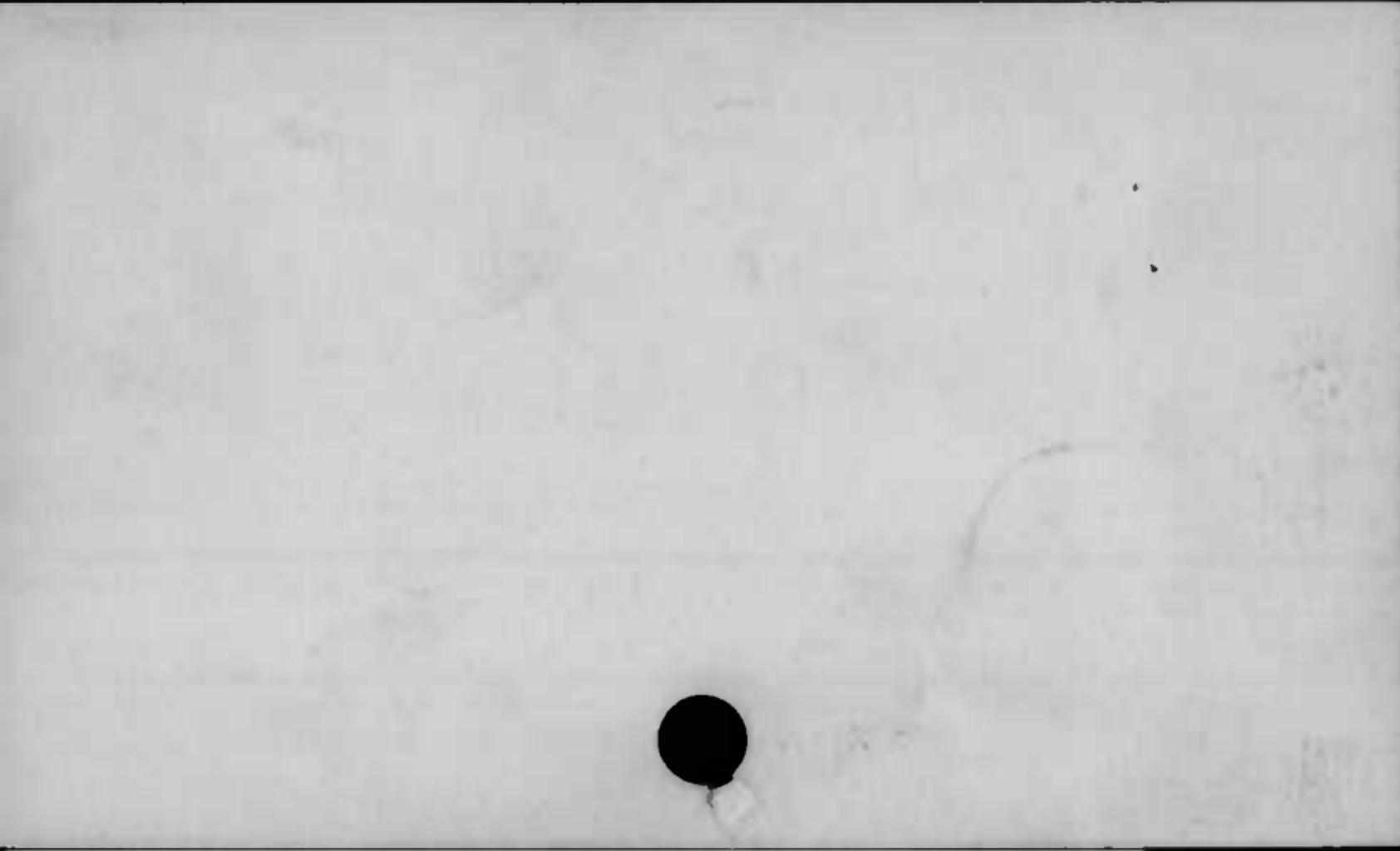
Reported by

J Russell Clegg

Address

Ceredo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Geo W. Thomas Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Frostburg		County	Allegany					
Date of death 1903	Month	8	Day	8	Years	2	Months	2	Days	21
Sex	M	Color or Race		W	Birth-place		Md			
Married, Single or Widowed			Occupation							
Name of Wife or Husband										
Father's Name	Geo W. Thomas				Father's Birthplace		Md			
Mother's Maiden Name	Elizabeth Rank				Mother's Birthplace		Md			
Name of person giving information	Talbot				How related to deceased					

CAUSES OF DEATH

Primary	Marasmus 105		How long	2 month
immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		H. W. Lane	
	Address		Frostburg Md	
Accident or Suicide?				

Germann Sath

GBN

Name
in
Full

Nathaniel Lodel

CERTIFICATE OF DEATH

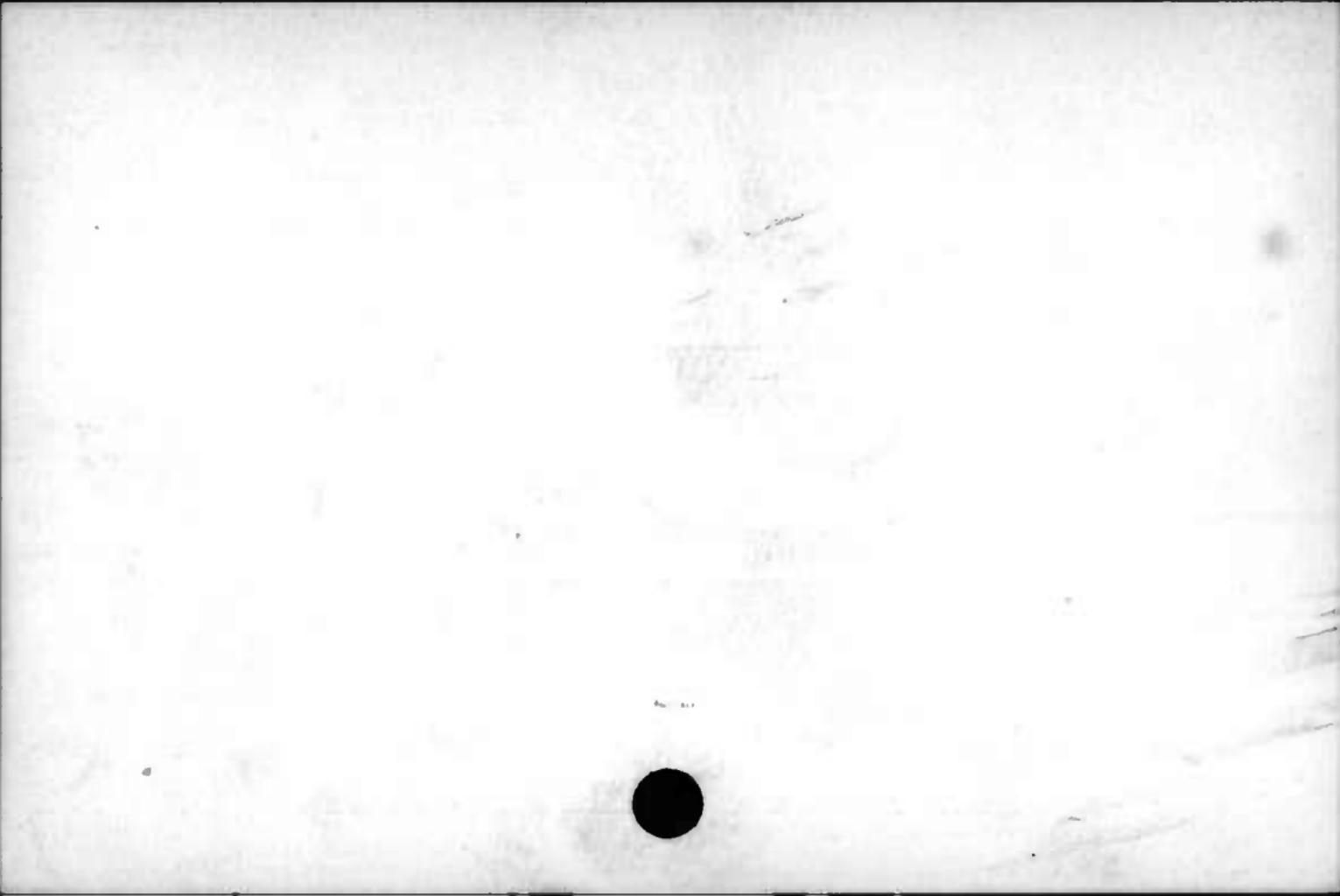
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Day	Years Months Days
3	Aug	30	4 5 21
Sex	Male	Color or Race	White
Married, Single or Widowed	Single	Occupation	—
Name of Wife or Husband	—	Father's Birthplace	Scotland
Father's Name	Joseph Lodel	Mother's Birthplace	—
Mother's Maiden Name	Margaret Boyd	How related to deceased	Husband
Name of person giving information	Joseph Lodel		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infected wart	How long	6 days
Immediate	Septic Meningitis	How long	2 days (36 hours)
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	M. Gibson Porter
		Address	Sonacoming Rd.
Accident or Suicide?	W.		



Name
in:
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month	Day	Years Months Days
Sex	Color or Race	Age	
Married, Single or Widowed	Occupation	Birth-place	
Name of Wife or Husband			
Father's Name		Father's Birthplace	Midlothian
Mother's Maiden Name	Agnus T Wimbrown	Mother's Birthplace	allegany Co
Name of person giving information	Agnus T Wimbrown	How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Yes.	H. S. Johnson	Vale Summit

Accident or Suicide?

